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RCN international nursing research conference 2016



Royal College of Nursing
Shaping nursing since 1916



Wednesday 6 – Friday 8 April 2016

Edinburgh International Conference Centre, The Exchange, Edinburgh EH3 8EE, United Kingdom

Book of abstracts

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Plenary speaker abstracts

Wednesday 6 April
10.20 - 11.00

Location: Pentland Auditorium

Keynote lecture 1: Nursing at the extremes: navigating the emotions of care

*Professor Pam Smith, PhD MSc BNurs RN
RNT, Professorial Fellow, University of
Edinburgh, United Kingdom*

Summary of presentation

This session explores the extremes experienced by nurses, worldwide, working at the frontline of care. A series of narratives are presented to show how nurses navigate their emotions to care in extreme conditions of emergency, suffering and death across the life cycle. Even so-called routine tasks are in no way 'ordinary' and may generate high levels of tension, distress and anxiety. The connections between extremes, emotions and care are examined through emotional labour and other classic studies to understand a modern paradox that requires nurses to be both compassionate and financially driven while subjecting them to public scrutiny and critique.

Abstract

This session explores the extremes experienced by nurses worldwide, working at the frontline of care. A series of narratives are presented to show how nurses navigate their emotions in extreme conditions of emergency, suffering and death across the life cycle. Even so-called routine tasks are in no way 'ordinary' and may generate high levels of tension, distress and anxiety. The connections between extremes, emotions and care are examined through emotional labour and other classic studies to understand how a modern paradox has emerged which requires nurses to be both compassionate and financially driven while subjecting them to public scrutiny and critique.

The paper explores through a series of case studies how nurses talk and reflect on their clinical experiences at different stages of their careers in order to remain technically and emotionally engaged while caring for people with extreme life threatening and distressing conditions. To what do these nurses attribute their emotional survival? What role does education play? In order to explore these issues, four case studies of working at the extremes are presented involving intensive care, death at a young age, the oldest old and resource poor environments experienced in low income countries. These

cases are examined through a range of theoretical and methodological approaches to capturing the emotional labour of nursing supported by different sources of evidence generated from qualitative research, creative writing, visual art and the digital world.

Intended learning outcomes

Identify concepts and critiques which describe the role of emotions in nursing and their relationship to care.

Explain how nurses use emotions in a range of routine and extreme conditions

Describe individual and organisational systems to support nurses' emotional labour and acknowledge that 'they don't come free'

Recommended reading list

Smith P (1992, 2012) The emotional labour of nursing Basingstoke Palgrave Macmillan

Hochschild AR (1983, 2003) The managed heart: the commercialisation of human feeling. Berkeley, University of California Press

Kelly D and Smith P (2016) Caring, face-work and nursing, in: Allan H, Traynor M, Kelly D and Smith P Understanding Sociology in Nursing, Chapter 5, London, Sage

Biography

Professorial Fellow and former Head, Nursing Studies, Edinburgh University. Formerly, Professor, Surrey and South Bank Universities. Visiting Professor, King's College. London.

BNurs, Manchester University, MSc (Medical Sociology) and PhD, London University. Post-doctoral studies with Arlie Hochschild culminating in The Emotional Labour of Nursing. Florence Nightingale and Fulbright awards to study US nursing.

Nurse and teacher: Tanzania, Mozambique and UK. Most exciting job: Director, Nursing Research in a 'pre-market' NHS.

Researching extremes: nurse migration; centenarians; intensive care; transition from active to palliative care for children with cancer; maternal and child health in Nepal and Malawi; home ventilation. Twenty-two successful PhD students.

Thursday 7 April
09.05 – 09.45

Location: Pentland Auditorium

Keynote lecture 2: More poetry is needed: Values, scholarship and nursing research

*Professor Gary Rolfe, RMN, BSc, MA, PhD,
Emeritus Professor of Nursing, Swansea Uni-
versity, United Kingdom*

Summary of presentation

In the 60th anniversary year of nursing education at the University of Edinburgh, this paper will offer an opportunity to pause and reflect on the current state of nursing research from a number of novel historical perspectives. It will consider some of the extraneous pressures on nurse academics and researchers to conduct research and write papers of a certain type, and focus in particular on the tensions between being a nurse and being a university employee. It will conclude by suggesting that nursing research should broaden its scope to encompass a wider variety of scholarly activities, and that nurse academics should not forget that they are first and foremost nurses.

Biography

Gary Rolfe is Emeritus Professor of Nursing at Swansea University. He qualified as a mental health nurse in 1983 and has published widely in the fields of action research, practice innovation, philosophical aspects of nursing, reflective practice and the theory-practice gap. His recent work has explored the practice of scholarship in the corporate university and the tensions between the demands to meet academic outcomes and upholding the values of the nursing profession.

Friday 8 April
09.05 – 09.45

Location: Pentland Auditorium

Keynote lecture 3:

Applying for and conducting a large EU research grant: the case of RN4CAST

Professor Walter Sermeus, RN, PhD, Professor in Health Care Management and Programme Director for Health Sciences, KU Leuven Institute for Healthcare Policy, Belgium

Summary of presentation

RN4CAST was a European Funded project under Framework Programme 7 running from 2009 until 2011. The total grant was 3 million Euro. The project was highly successful and resulted in more than 50 scientific publications and high societal impact. The presentation will focus on what it takes to write a successful proposal and to lead a large consortium of researchers to success and lessons learnt for future applications to large EU research grants.

Intended learning outcomes

Describe how they have to write a successful application for a large EU grant

Describe how to conduct and lead a large consortium of researchers

Recommended reading list

<https://ec.europa.eu/programmes/horizon2020/en/what-horizon-2020>

Sermeus W, Aiken LH, Van den Heede K, Rafferty AM, Griffiths P, Moreno-Casbas MT, Busse R, Lindqvist R, Scott AP, Bruyneel L, Brzostek T, Kinnunen J, Schubert M, Schoonhoven L, Zikos D; RN4CAST consortium. Nurse forecasting in Europe (RN4CAST): Rationale, design and methodology. *BMC Nurs.* 2011 Apr 18;10:6.

Geert Hofstede, Gert Jan Hofstede and Michael Minkov: *Cultures and Organizations: Software of the Mind*. Revised and expanded 3rd Edition. 550 pages. New York: McGraw-Hill USA, 2010

Biography

Walter Sermeus is professor of health care management, Leuven Institute for Healthcare Policy, University of Leuven KU Leuven, Belgium. He is Programme Director of the Master in Health Care Policy & Management. He is for 2015-16 Frances Bloomberg International Distinguished Visiting Professor, University of Toronto, Canada. He was coordinator of the EU-FP7 RN4CAST-project, Nurse Forecasting in Europe 2009-2011. He is the member of the European Academy of Nursing Science (EANS).

Friday 8 April
15.35 - 16.15

Location: Pentland Auditorium

Plenary debate:

This house believes research is the solution to the global nursing workforce crisis

Proposer: *Professor Daniel Kelly, Cardiff University, Cardiff, United Kingdom*

Seconder: *Elizabeth West, University of Greenwich, London, United Kingdom*

Opposer: *Professor James Buchan, Queen Margaret University, Edinburgh, United Kingdom*

Seconder: *Professor Ruth Harris, King's College London, London, United Kingdom*

Biographies

Professor Daniel Kelly: Graduate of the integrated Social Science and Nursing degree programme at Edinburgh University. On qualifying I gained clinical experience in intensive care, hospice and acute oncology settings; including specialist oncology training at the Royal Marsden Hospital in London in the 1980s.

I then spent five years in two Charge Nurse roles. The first, at Edinburgh Royal Infirmary, was in the Sexual Health service at the height of the HIV crisis in the late 1980s. I then returned to Oncology at the Western General Hospital in Edinburgh to manage a chemotherapy unit that specialised in high dose/trial treatments, including the treatment of young adults. I completed the MSc (Advanced Practice, Cancer Nursing) at the University of Surrey during this time.

I then moved into education as a Lecturer in Cancer Nursing at the Royal Marsden Hospital/Institute of Cancer Research and contributed to the development of innovative cancer and palliative care degree programmes for several years.

In 1998 I was appointed Senior Nurse (Research & Development) at University College Hospitals and completed a part-time PhD in Sociology at Goldsmiths, University of London in 2002. This was an ethnographic study of a group of men undergoing treatment for prostate cancer.

For three years I was Senior Research Fellow working between UCL Hospitals and City University, London. I was then appointed Reader in Cancer Nursing at Middlesex University in 2005 with subsequent promotion to Professor of Nursing and Cancer Care.

I joined Cardiff University in 2011 as The Royal College of Nursing Chair of Nursing Research.

Elizabeth West: Elizabeth West is Professor of Applied Social Research in the School of Health and Social Care where she has been Director of Research since 2007. She was an undergraduate

at the University of Edinburgh where she studied for an integrated degree in Nursing and Social Science and graduated Magna Cum Laude. She qualified as a registered nurse and district nurse after experience in the Royal Infirmary of Edinburgh. A Fulbright scholarship enabled her to study for an MSc in mental health nursing at the University of California, San Francisco.

Her clinical experience was gained as a ward sister in an acute psychiatric unit in the Royal Edinburgh Hospital. She returned to the USA to study for an MA and PhD in sociology at Cornell University. On her return to the UK she worked first in the Department of Public Health at the University of Oxford, the RCN Research Institute and the London School of Hygiene and Tropical Medicine before taking up her current role.

Professor James Buchan: Professor Buchan has thirty years' experience in research, evidence and policy analysis on the health workforce, developing strategic intelligence and policy advice at national level and internationally on the HR components of health sector effectiveness.

He is an Adjunct Professor, at the WHO Collaborating Centre, University of Technology, (UTS), Sydney, Australia; and a Professor at Queen Margaret University, Scotland.

He is qualified in economics and personnel management. The current focus of his work is on labour market analysis; health worker migration; health workforce incentive strategies; workforce planning; and skill mix.

Professor Ruth Harris: Professor Harris, who worked previously in the Joint Faculty of Health, Social Care and Education based at Kingston University and St George's Medical School, has a clinical background in acute medical nursing and care of older people. She is a King's alumnus having completed her BSc, MSc and PhD degrees at King's and has collaborated previously with colleagues based in the Faculty on a number of research projects.

Ruth's research interests include the impact of nursing and multi-professional interventions on processes of care and patient outcomes. Previous studies have investigated the development and evaluation of new nursing roles and inter-professional team working.

Concurrent session 1

Wednesday 6 April 11.30 - 12.55

Theme: Action research

1.1.1 Abstract number 142

11:30am

Working together: action research with service users to improve person-centred care

Presenter: Dr Juliet MacArthur, PhD, MSc, PG Cert, BSc, RN, RNT, NHS Lothian, Edinburgh, UK

Co-author(s): Janet Corcoran, Scotland

Abstract

Background: There have been a number of independent reviews showing that views of patients are not being heard in health services (Berwick 2013; Francis 2013). This action research study took as its starting point the principle of patient and public involvement and how to involve service users to improve person-centred care. It involved two contrasting clinical services in a Scottish Health Board: Emergency Department and Evening District Nursing Service.

Aims: Collaborate with service users throughout the research process, including a service user co-researcher and service user-led steering group

Learn from service users' experiences to inform analysis of person-centred care in each setting

Develop and implement a programme of practice development in response to Findings:

Methods: This was a mixed-methods study undertaken 2014-2015, Drawing on an action research methodology. The theoretical framework both for data collection and analysis was based on McCormack and McCance's (2010) theory of person-centred nursing. Ethnographic style observations and informal interviews with staff and service users were conducted (Emergency Department - 34 hours observation; Evening Service - 55 hours observation). Semi-structured interviews were also conducted with other service-users (n=8). Following data analysis, descriptions of the person-centred care in each setting were shared with staff in a number of workshops.

Results: Key issues highlighted from the research and subsequent workshops included the need for:

Implementation of the 'Seven-steps to person centred communication', which was informed by the analysis

- Leadership development
- Acting on patient feedback
- Valuing bank and agency staff

Improving essential care

Conclusion: This project adopted a true partnership approach with service-users in terms of study design, data collection, analysis and practice development initiatives. Staff equally valued the participative nature of the project, regarding it as an opportunity to think deeply about the care they provide.

Recommended reading list

Berwick D (2013) A promise to learn- a commitment to act: improving the safety of patients in England. London: Department of Health.

Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office

McCormack, B., McCance, T. (2010) Person Centred Nursing: Theory and Practice Chichester; Wiley-Blackwell

Biography

Strategic lead for Nursing and Midwifery Research in NHS Lothian which involves implementation of NMAHP Research Framework in partnership with University of Edinburgh, Edinburgh Napier University and Queen Margaret University. Also Lecturer in Clinical Academic Research at University of Edinburgh which includes delivery of Masters Nursing in Clinical Research. Strong focus of both roles is capacity development for clinical academic research careers. Person research is in areas of compassionate care, dementia and learning disability.

1.1.2

Abstract number 199

2:25pm

In search of improved pressure injury risk assessment for patients admitted to hospital: evaluation of a clinical-judgement-based tool

Presenter: Professor Lin Perry, PhD MSc RN, University of Technology Sydney, Sydney, Australia

Co-author(s): Emine Tetik, Australia; Kay Maddison, Australia; Kathryne Hoban, Australia; Fiona Bampi, Australia

Abstract

Introduction: Hospital Acquired Pressure Injury (HAPI) risk assessment tools are criticized for poor performance and complexity (Pancorbo-Hidalgo et al. 2006).

Aims: To evaluate the efficacy of the Pressure Injury Risk Assessment Tool (PIPRAT), developed from a clinical-judgment-based tool (Ramstadius 2000), compared to the Waterlow Score in correctly identifying those patients truly 'at risk' of HAPI; to compare their feasibility and acceptability to nurses.

Methods: With Ethics Committee approval, in May-June 2015 Registered Nurses of two Sydney acute hospitals conducted risk assessments for patients at admission using both PIPRAT and the Waterlow Score, with randomly assigned order of assessment. Patient care was guideline-based (NPUAP et al 2014), with HAPI-related data extracted from records at discharge.

Anticipating sensitivity of PIPRAT at least equal that of Waterlow (82.4%; Pancorbo-Hidalgo et al. 2006), in a population where 50% were earlier reported 'at risk' of HAPI, a lower 95% confidence limit of 0.75 and 0.95 probability required a sample of n352.

Nurse assessors were surveyed at study conclusion about ease of use and acceptability of the tools.

Results: 135 nurses assessed n387 patients. PIPRAT and Waterlow categorised 125 (32.3%) and 143 (37.0%), respectively, as 'at risk'; 10 patients (2.6%) subsequently developed HAPI.

Sensitivity and specificity for correct identification of patients who developed HAPI were 0.60 and 0.64 for Waterlow, 0.5 and 0.68 for PIPRAT. Positive and Negative Predictive Values were 0.04 and 0.98 for both tools.

PIPRAT took median <5min to complete, but Waterlow 5-10min. Nurses rated PIPRAT at

median 9 but Waterlow 5 of 10 for (increasing) ease of use; 85% preferred PIPRAT.

Discussion: Waterlow misclassified one less patient who subsequently developed HAPI but more patients 'at risk', entailing more preventive care and longer assessment times.

Conclusion: PIPRAT's brevity, simplicity and potential for at least equivalent assessment outcomes warrant further attention.

Recommended reading list

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014

Pancorbo-Hidalgo PL, Garcia-Fernandez FP, Lopez-Medina IM. (2006) Risk assessment scales for pressure ulcer prevention: a systematic review. *Journal of Advanced Nursing* vol 54, no 1, pp94-110

Ramstadius B. Preventing institution acquired pressure ulcers. *Australian Nursing Journal* vol 7, p10

Biography

Lin Perry is Professor of Nursing Research and Practice Development, University of Technology Sydney and the Prince of Wales Hospital, Sydney Hospital and Sydney Eye Hospital, South Eastern Sydney Local Health District, New South Wales. The main focus of her work has been broadly around research capacity development, service and practice development and evaluation, with major clinical topics of nutrition support and chronic disease management.

1.1.3 Abstract number 400

12:30pm

Shared outcomes in neurorehabilitation - supporting person centred care and multi-disciplinary working - the Neurorehabilitation Outcomes Management System (NROMS)

Presenter: Dr Carina Hibberd, PhD, BSc(hons), Stirling University, Stirling, UK

Co-author(s): Claire Torrens, Scotland, UK; Carina Hibberd, Scotland, UK; Edward Duncan, Scotland, UK; Heather Strachan, Scotland, UK; Brian Williams, Scotland, UK

Abstract

Background: The NHS Fife Rehabilitation Service identified a need for a routinely collected, patient outcomes system which is patient-centred and supports care quality standards across the service and neurological conditions. Reha-

bilitation needs measures which can support care and the improvement of outcomes which are important to patient's lives, such as participation in daily activities, relationships and community life; embodied in the WHO ICF1.

Aim: This project's aim was to identify a core outcome dataset which is clinically and statistically valid, feasible, and supports multi-disciplinary care and quality improvement. The dataset should reflect the priorities of service users, the multi-disciplinary team and data end-users. The project was conducted 2014-2015.

Method: Identifying measurement priorities: Consensus approaches were used with: service users with a range of conditions (nominal group technique), multi-disciplinary healthcare staff (e-Delphi technique), data users (online survey). A multi-disciplinary clinical working group met three times to filter the items list based upon relevance and feasibility, while protecting service users' priorities.

Identifying outcome measures: In parallel and iteratively reporting to the working group, researchers conducted a systematic review of outcome measures from: published literature; international neurological outcome datasets; team suggestions. Measure metrics were reported to the working group.

Results: The consensus approaches identified 153 items as priorities across ICF domains. The working group reduced this to 41.

The literature review identified an initial 549 measures. The working group finally identified 4 measures: the Neurological Impairment Scale, the Northwick Park Dependency Scale, the UK FIM+FAM and the PROMIS Global Health scale.

Conclusion: Although no decisions were made by researchers, they facilitated decision making and helped to negotiate between stakeholder priorities. The final core measures span the ICF domains. The pilot system is under evaluation and due to report at the end of 2016. The future core system will augmentable with satellite measures.

Recommended reading list

WHO (2002) Towards a Common Language for Functioning, Disability and Health ICF. Retrieved from <http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>

Turner-Stokes, L. et al., 2014. The Neurological Impairment Scale: reliability and validity as a predictor of functional outcome in neurorehabilitation. *Disability and Rehabilitation*, 36(1), pp.23-31.

Biography

Ben Sutherland is clinical lead for the current NROMS Project in Fife. He has clinical expertise within the setting for this project, a lead role in service improvement in rehabilitation and work collaboratively with colleagues locally and nationally applying for research grants and supporting research within the rehabilitation setting.

He was clinical lead on the NHS Fife Self Directed Support Pilot Project, part of a Scottish Government funded programme that was completed in 2012.

Theme: Interviews/case study

1.2.1 Abstract number 155

11:30am

Dementia in the workplace: exploring the employment-related experiences of people with dementia, their families and employers

Presenter: Dr Louise Ritchie, PhD, PGCert, BA(hons), University of the West of Scotland, Hamilton, UK

Co-author(s): Debbie Tolson, Scotland, UK; Mike Danson, Scotland, UK

Abstract

The UK, in line with other European countries, has introduced changes in government policy relating to state pension age and default retirement age, which will result in an increasing number of people working into later life. While there are many economic benefits to this, it is also likely that there will be an increase in employees experiencing health problems more commonly associated with later life. Dementia is an example of this, and it is currently estimated that 38,000 people under the age of 65 have dementia in the UK. There is a dearth of research exploring the experiences of people with dementia in employment (Ritchie et al, 2015). This study aimed to explore the employment related experiences of people with dementia in order to identify the potential for continued employment post diagnosis. Adopting a qualitative case study approach, 17 case studies of people with dementia aged 50-66, who were still in employment or had been in employment in the previous 18 months were carried out. Case studies involved interviews with the person with dementia, a family member and a workplace representative. A thematic cross-case analysis was carried out to explore similarities and differences between the cases. Results will be presented in four themes; (1) experiencing dementia in the workplace; (2) supporting continued employment; (3) work keeps me well; (4) workplace perspectives. While there were many similarities in cases, each case study revealed a different experience of employment post diagnosis of dementia. Early intervention is required for a person with dementia to continue employment, and practitioners, including occupational health professionals, who work with individuals from the emergence of first symptoms through to post diagnostic support need to consider the implications for employment and the potential financial

and social impacts on the individual and their families.

Recommended reading list

Ritchie, L., Banks, P., Danson, M. and Tolson, D. (2015) 'Dementia in the workplace: a review.' *Journal of Public Mental Health*, vol 14, no 1, pp 24-34.

Biography

Louise has recently taken up post at the University of the West of Scotland (UWS) as Lecturer in Dementia (Research) in the School of Health, Nursing and Midwifery. She joined UWS in 2013 as a Research Fellow on the Alzheimer's Society project Dementia in the Workplace. The aim of the project is to examine the experiences of those who develop dementia whilst still in employment, examining the potential for continued employment. Louise has previously been involved in research examining the impact of the physical environment in healthcare, including the design of dementia care homes and psychiatric hospitals. Louise completed her undergraduate degree in psychology before going on to complete her PhD at the University of the West of Scotland.

1.2.2 Abstract number 143

12:00pm

Psychiatry is a risk business. The construction of mental health service users as risk objects: A multiple case study inquiry

Presenter: Dr Anne Felton, RN (Mental Health), MN, BA(Hons), PGCHE, RNT, PhD, Assistant Professor, School of Health Sciences, University of Nottingham, Nottingham, UK

Abstract

Background: Levels of containment in mental health services are growing, focusing attention on the coercive role of mental health care, geared towards public protection and social control. This has emerged despite health policy characterised by an emphasis on involving people within their own care and the global development of recovery as an influential philosophy in mental health practice. The coexistence of such apparently opposing directions for services has re-ignited debate concerning the balance in mental health care between the desire to support people in distress and the pressure to protect individuals' and wider society.

Aims: The aim of this study was to address the question of whether and how mental health practitioners experience tensions that arise from delivering care and enforcing control

Methods: A qualitative interpretive inquiry was conducted using multiple case studies. Data was

collected in 2012 using interviews with mental health professionals and observations in an acute in-patient psychiatric ward and assertive outreach community team.

Findings: Data analysis using a theory building approach suggested tensions had minimal impact and mental health service users are constructed as 'objects of risk' (Hilgartner 1992), understood as harmful and subject to increased surveillance and control as a result.

Discussion: Distance between professionals and service users on a spatial, narrative and moral level enabled the subjective experience and individuality of the person to become lost. Organisational and professional processes such as documentation systems, incident inquiries, a fear of being blamed alongside responses from local social agencies and community members were viewed as contributing to the construction of service users as objects of risk.

Conclusion: Recovery orientated mental health care remains rhetoric. Opportunities for mental health nurses and service users to engage in dialogue, particularly in the context of complex decision making should be developed to promote a relational and a contextual approach to safety.

Recommended reading list

Hilgartner, S. (1992) *The Social Construction of Risk Objects or how to Pry Open Networks of Risk* In Short, J. and Clarke, L. (Eds) *Organizations, Uncertainties and Risk*. Boulder. Westview Press.

Malone, R. (2003) *Distal Nursing*. *Social Science and Medicine* 56(11): pp.2317-2326

Szmukler, G., and Rose, N. (2013). Risk assessment in mental health care: Values and costs. *Behavioral sciences & the law*, 31(1): pp.125-140.

Biography

Anne Felton is an Assistant Professor in mental health at the School of Health Sciences, University of Nottingham. Anne is interested in decision making in mental health practice and has conducted research related to this area including examining the tensions that are created for professionals in mental health services dually responsible for risk management and enacting coercion alongside promoting recovery and choice. Anne has published in the field of risk and mental health practice, social inclusion and service user involvement in education. She led the development and delivery of a series of modules on person centred nursing care for an undergraduate nursing programme. Anne has been involved in a number of projects working in partnership with service users to enable their participation in nurse education

1.2.3

Abstract number 316

12:30pm

Combining sociological & psychological perspectives: integrating normalisation Process Theory & theoretical domains framework to investigate staff compliance with patient screening.

Presenter: Professor Kay Currie, PhD, MN, BSc, RN, RNT, Glasgow Caledonian University, Glasgow, UK

Co-author(s): Lesley Price, Scotland, UK; Lynn Melone, Scotland, UK; Paul Flowers, Scotland, UK

Abstract

The aim of this presentation is to explain the process of developing data collection instruments and an analytical framework which integrates the use of Normalisation Process Theory [NPT] (May et al 2007) and Theoretical Domains Framework [TDF] (Francis et al 2012) in a novel methodological approach which capitalises upon an understanding of the person as embedded within social and cultural contexts, in order to develop future interventions. Both of these theoretical frameworks are widely cited, yet a robust literature search failed to locate any evidence discussing how they can be combined successfully within a single study.

Our multidisciplinary research team was funded to investigate factors affecting the implementation of hospital screening policies for anti-microbial resistant organisms (AMR). Implementing screening is complex and shaped by a range of psychological and social factors. Previous studies show that a simple Clinical Risk Assessment tool is an effective means of identifying patients at risk, enabling appropriate management to reduce cross-transmission of infection (Health Protection Scotland 2011); however, Scottish surveillance data indicates that compliance with this screening policy is below the target of 90%, impacting on the effectiveness of this approach. National guidance on AMR-related screening appears straightforward; therefore the questions remain 'Why is compliance variable; what are the barriers and enablers to screening?

Hospitals are undoubtedly complex systems, functioning at macro and micro levels, with various social groups operating at organisational and team levels whilst the individuals embedded within these groups will bring their own unique perspectives to bear on their actions. To address the question of barriers and enablers to screening, we adopted both a sociological perspective, applying NPT to examine the work that takes place within organisations to embed screening as an intervention, and a psychological perspective using TDF to explore factors affecting the individuals' decision to act in specific situations.

Recommended reading list

Francis, J.J., O'Connor, D. & Curran, J. (2012). Theories of behaviour change synthesised into a set of theoretical groupings: introducing a thematic series on the theoretical domains framework. *Implementation Science*, Vol 7:35. Available at: <http://www.implementation-science.com/content/7/1/35> (accessed 10.11.15)

Health Protection Scotland (2011). NHS Scotland MRSA Screening Pathfinder Programme: Update report. Available at <http://www.documents.hps.scot.nhs.uk/hai/mrsa-screening/pathfinder-programme/mrsa-pathfinder-update-2011-02-23.pdf> (accessed 10.11.15)

May, C.R., Finch, T., Mair, F., Ballini, L., Dowrick, C., Eccles, M., et al. (2007). Understanding the implementation of complex interventions in health care: the normalization process model. *Health Services Research*, vol. 7: 148, pp. 1-7. doi:10.1186/1472-6963-7-148

Biography

Professor Kay Currie is Assistant Head of Department for Nursing & Community Health and Director of the Glasgow Caledonian University WHO Collaborating Centre for Nursing Education, Research & Practice Development.

Kay has a clinical background in cardiology having worked as a ward sister in coronary care for six years before leaving for a post in higher education. She has a special interest in improving healthcare quality, specifically person-centred care. Her current research and teaching focus is on understanding and responding to patient experience, particularly in the areas of self-management in chronic heart failure and healthcare associated infection. She is a member of the 'Safeguarding Health through Infection Prevention (SHIP) Research Group in the Glasgow Caledonian University Institute for applied Health research and a collaborator in the Scottish Healthcare Associated Infection Research Institute (SHAIRI) consortium, where she leads a programme of patient experience and staff perspectives in infection prevention & control research, specializing in the application of qualitative research methods.

Theme: Mixed methods

1.3.1 Abstract number 216

11:30am

Earlier integration of palliative care: examining the palliative care needs and quality of life of carers for people living with advanced heart failure

Presenter: Professor Sonja McIlpatrick, Ulster University Northern Ireland, Newtownabbey, UK

Co-author(s): Fitzsimmons, D, UK, Doherty, UK

Abstract

Background: Evidence suggests that end-of-life care in heart failure is poor, characterized by high levels of symptoms, inadequate support and poor quality of life. Family carers play a crucial role in supporting advanced HF patients, undertaking vital disease and medication management. There is a lack of knowledge on the needs and experiences of carers for this group of patients.

Aim: To examine the palliative care needs, quality of life, perceived burden and level of preparedness of carers of people living with advanced heart failure.

Methods: A sequential confirmatory mixed methods approach comprising two phases. Phase 1: Postal survey with carers identified via a database of patients living with advanced heart failure (NYHA Classification III-IV, ejection fraction <40% and ≥ 1 unscheduled hospital admission in the previous 12 months) across Ireland. Data included measures of depression, anxiety, QoL, perceived social support and illness beliefs, caregiver burden, needs assessment and preparedness for caregiving.

Inclusion criteria: carers identified by the patient as the main person who provides care. Phase 2: semi structured face to face interviews with carers (n=20). Thematic analysis of verbatim transcripts was used to identify emergent themes. Descriptive and inferential data analysis using SPSS was undertaken.

Results: 82 carer responses was obtained (response rate 47%). Nearly one third of the carers experienced moderate to severe levels of depression and anxiety and their quality of life was impacted by their caregiving role. They spent a considerable time on caregiving tasks with over 60% spending over 50 hours per week. Themes from the qualitative interviews indicated that the carers considered that their life is on hold; expressing feelings of isolation and frustration at a perceived lack of support.

Conclusions: Carer's needs are variable depending on the patients' medical stability. A holistic approach is needed to support these carers.

Recommended reading list

47) Doherty, L, Fitzsimmons, McIlpatrick (2015) Carers' needs in advanced heart failure: A systematic narrative review. *European Journal of Cardiovascular Nursing* European Journal of Cardiovascular Nursing 10.1177/1474515115585237

24. Hupcey JE, Fenstermacher K, Kitko L, Fogg J (2011) Needs of Spousal Caregivers of Patients with Heart Failure Followed at Specialized Heart Failure Centers. *J Hosp Palliative Nursing*. 1;13(3):142-150.

30. Hudson PL, Hayman-White K. Measuring the psychosocial characteristics of family caregivers of palliative care patients: psychometric properties of nine self-report instruments. *Journal of Pain and Symptom Management* 2006;31(3):215-28.

Biography

Sonja is a registered nurse with approximately twenty years' experience in palliative care practice, education and research. She has extensive experience in undertaking research as well as leading and providing strategic direction for research. Having qualified as a registered nurse and graduated with a nursing degree from the University of Ulster in 1991, Sonja began her research career completing her MSc in 1999 and her PhD from University of Ulster in 2003.

Sonja is a Professor in Nursing at Ulster University. Within her university role, Sonja is Postgraduate Tutor as well as the lead for the Palliative Care Strand within the Managing Chronic Illness Research Centre. Sonja is also a Senior Investigator in the Palliative Care research Network for All Ireland Institute of Hospice and Palliative Care. research interests include: decision making at end of life; palliative care and chronic illness; public awareness of palliative care and psychosocial support for carers/families affected by advanced disease

1.3.2 Abstract number 180

12:00pm

Does an adapted cardiac rehabilitation programme delivered in a hospice for patients with advanced chronic heart failure have an effect on quality of life?

Presenter: Dr Helen Walthall, PhD, RGN, Faculty of Health and Life Sciences, Oxford Brookes University, Oxford, UK

Co-author(s): Mary Boulton, England, UK; Bee Wee, England, UK

Abstract

Background: Chronic Heart Failure (CHF) has poor outcomes, and presents in a predominantly elderly group, who have a number of comorbidities (NICOR, 2013). End of life care is often frag-

mented and does not meet their needs. Attempts have been made to address this, but significant changes are yet to be seen (Johnson, et al 2012). Furthermore, planning end of life care can be difficult due to the uncertainty of the disease trajectory (Barclay, et al 2011).

Aims: To explore whether an adapted programme focussing on support and symptom management, and delivered in a hospice environment, would be acceptable to and of benefit to patients.

Methods: A pre/post intervention study design using mixed methods was used to evaluate eight week programme delivered twice in a hospice to patients with advanced CHF. Full ethical approval was granted. All participants completed three standard measures before and after the programme and were interviewed on completion about their views and experiences. Fifteen participants were recruited through purposive sampling from April - December 2014.

Results: Twelve participants completed the study, six in each cohort. Due to sample size only inferences can be drawn from the standard measures analysis. No improvements in quality of life or emotional well-being were seen, however, attitudes to hospice services improved. Four themes emerged from Interview analysis; positive emotional transference, uncertain future, hospice environment and programme structure.

Discussion: Participants were positive about the structure and delivery of the programme. The hospice environment enabled discussion of their symptoms with health professionals but also with other CHF patients developing a support network. The majority of participants valued the social aspect of the programme and an opportunity to review future choices and decisions.

Conclusions: Participants valued the programme and wanted to have on-going connections with both the participants and the hospice.

Recommended reading list

Barclay S, Monen N, Case-Upton S, Kuhn I, Smith E (2011) End of Life care conversations with heart failure patients: a systematic literature review and narrative synthesis. *British Journal of General Practice*, vol 61, no 582, pp e49-e62

Johnson M, Nunn A, Hawkes T, Stockdale S, Daley A (2012) Planning for end-of-life care in heart failure: experience of two integrated cardiology-palliative care teams *British Journal of Cardiology*, vol 19, no 2, pp71-5.

National Institute for Cardiovascular Outcomes Research (NICOR) (2013) National Heart Failure Audit 2012-13. Institute of Cardiovascular Science, University College London

Biography

Helen Walthall is a qualified adult nurse who specialises in cardiorespiratory care. Helen graduated in 1995, completed her Postgraduate

Diploma in Adult Education in 1996 and her PhD studies in 2003. Helen is currently a Principal Lecturer/Programme Lead for the Advanced and Specialist Practice cluster in the Department of Applied Health and Professional Development at Oxford Brookes University. She is responsible for a number of undergraduate and postgraduate specialised clinical courses within the department, and teaches on the Advanced Practice programmes, including research methods, diagnostic reasoning and advanced clinical assessment. Helen supervises a number of Master's thesis, PhD doctoral students and Professional Doctorate students and works with nurses to develop and implement the acquisition of research skills and knowledge into practice.

Helen is research active undertaking a number of research projects which focus on nursing and patients with chronic illness. Her research interests include the impact of fatigue and breathlessness on patients, breathlessness management in heart failure, end of life issues for patients, support for carers, pressure ulcer assessment and the development of a patient reported outcome measure for patients with heart failure. Helen works closely with clinical colleagues in the acute and community NHS trusts.

1.3.3

Abstract number 217

12:30pm

'It's like opening a can of worms': evaluating a dignity care intervention for people with life limiting illness in the community setting

Presenter: Professor Sonja McIlpatrick, Ulster University Northern Ireland, Newtownabbey, UK

Co-author(s): Professor Larkin, Ireland, Dr Connelly, Ireland, Prof Johnston, UK, Ms Charnley, Ireland, Dr Murphy, Ireland

Abstract

Background: Evidence indicates that people nearing end of life fear loss of dignity and a central tenet of palliative care is to help people die with dignity. The Dignity Care Intervention (DCI), based on the Chochinov theoretical model of dignity care, comprises four components: education manual; patient dignity inventory, reflective questions and care actions.

Aim: To evaluate the usability and acceptability of a Dignity Care Intervention (DCI) delivered by community nurses for people with advanced and life limiting conditions.

Method: Mixed methods research design. Semi-structured, face-to-face interviews with patient/carer dyads (n=18), four focus groups with community nurses (n=24) and an online survey with community nurses (n=27) were conducted. Data were analysed using thematic

analysis of verbatim transcripts and descriptive statistical analysis.

Results: The DCI was acceptable to the community nurses. It contributed to the overall assessment of palliative care patients; identified areas that might not otherwise have been identified; supported communication and assisted the nurses to provide holistic end of life care. Concerns however were expressed that the tool 'opened a can of worms' initiating difficult conversations for which the nurses felt unprepared. The patients found that the tool helped them to identify and consider future needs and were happy to discuss death and dying.

Conclusion: The DCI helped nurses to deliver individualised holistic care. Whilst all the nurses wished to continue to use the DCI, there were barriers identified such as the time taken to complete; the identification of suitable patients and the need for more training to enable them to initiate difficult conversations on dignity conserving care and end of life care.

Recommended reading list

45) Johnston, Larkin, P, Connelly, Barry, C, Narayanasamy, M, Ostlund, McIlpatrick S (2015) Dignity conserving care in palliative care settings: An integrative review. *Journal of Clinical Nursing* doi: 10.1111/jocn.12791

Brown H, Ostlund U, Johnston B 2011 Identifying care actions to conserve dignity in end of life care in rural Scotland: Patients, carers, nurses and GPs perspectives. *British Journal of Community Nursing*, 16 (5) p.238-245.

Johnston B, Ostlund U, Brown H. (2012) Evaluation of the Dignity Care Pathway for community nurses caring for people at the end of life. *International Journal of Palliative Nursing*, 18(10), 483-489.

Biography

Sonja is a registered nurse with approximately twenty years' experience in palliative care practice, education and research. She has extensive experience in undertaking research as well as leading and providing strategic direction for research. Having qualified as a registered nurse and graduated with a nursing degree from the University of Ulster in 1991, Sonja began her research career completing her MSc in 1999 and her PhD from University of Ulster in 2003.

Sonja is a Professor in Nursing at Ulster University. Within her university role, Sonja is Postgraduate Tutor as well as the lead for the Palliative Care Strand within the Managing Chronic Illness Research Centre. Sonja is also a Senior Investigator in the Palliative Care research Network for All Ireland Institute of Hospice and Palliative Care. research interests include: decision making at end of life; palliative care and chronic illness; public awareness of palliative care and psychosocial support for carers/families affected by advanced disease

Theme: Interviewing

1.4.1 Abstract number 280

11:30am

The lived experience of surviving at least five years after a diagnosis of prostate cancer received at or after the age of 65

Presenter: Dr Natalie Doyle, DNurs MSc BSc, Nurse Consultant, Royal Marsden NHS Foundation Trust, London, UK

Abstract

Introduction: Prostate cancer is the most common cancer in older men and the most widespread male cancer in developed countries. It is commonly localised and indolent in nature and with treatment is characterised by significant long term survival. There is limited research into what the experience means to men who have survived more than five years after diagnosis. This presentation will explore the study methods, results and implications for practice of an investigation into the experience of older men with prostate cancer

Objectives: To explore and interpret the lived experience of men who have survived at least five years after a diagnosis of prostate cancer received at or after the age of sixty-five years.

Methods: Hermeneutic phenomenology based on Heideggerian principles was used to explore the experiences of ten purposefully selected men. Individual, unstructured interviews were audio-recorded and transcribed. Data collected between February and July 2012 was analysed applying the hermeneutic circle to uncover themes, guided by van Manen's approach.

Results: A phenomenological interpretation is offered using an antecedent and ten themes presented within four fundamental human existentials. This demonstrated that each man had unique motivation for undergoing treatment for prostate cancer and this was placed within a fluctuating hierarchy of concerns. Any treatment consequences were balanced within a personal context and a multi-faceted post cancer treatment persona evolved to suit each individual's life.

Conclusions: To allow each man to evolve into his post cancer treatment persona healthcare professionals should respect his unique understanding and motivation. Consideration should be given during the planning and delivery of care to the position that prostate cancer and its consequences occupy within the hierarchy of concerns of each individual's life.

Biography

Employed since 2005 as Nurse Consultant, Living With & Beyond Cancer at The Royal Marsden NHS Foundation Trust.

President of UKONS (United Kingdom Oncology Nursing Society) 2014-2016 and co-founder of

the UKONS Living With and Beyond Cancer Forum

Currently Chair of London Cancer Alliance (LCA) Survivorship Pathway Group and a member of the Macmillan Consequences of Cancer Treatment Collaborative (CCaT)

Additionally Co Chair of the Royal Marsden Living With and Beyond Cancer (Survivorship) Committee and Co-Chair of the Cancer Nursing Partnership (CNP) which has been formed to facilitate the delivery of the Recovery Package

1.4.2 Abstract number 358

12:00pm

Shared decision-making about treatment for colorectal cancer - the perspective of older patients

Presenter: Dr Jaqualyn Moore, PhD, FHEA, RNT, RN, King's College London

Florence Nightingale Faculty of Nursing & Midwifery, London, UK

Co-author(s): Karen Gillett, England, UK; Claire McGilly, England, UK; Harriet Watson, England, UK; Cath Taylor, England, UK

Abstract

Background: Older patients typically receive less intensive cancer treatment and it is unclear whether treatment is not appropriate, not offered, or not accepted (Macmillan Cancer Support, 2012). Few research studies have explored cancer treatment decision making by older adults and understanding of the influence of social and cultural factors is limited. Strohschein et al. (2011) suggest research needs to focus on the patient's experience of health related decisions. They propose that research should focus on understanding the structure, content, influencing factors, and consequences of patient decision making itself.

Aim: To increase understanding of the process of shared decision making about treatment from the perspective of older patients with a diagnosis of colorectal cancer.

Methods: Semi structured interviews were conducted between June and December 2015 with 14 patients aged 65 to 92 who had received a diagnosis of colorectal cancer within the previous 18 months. Interviews were audio-recorded and transcribed verbatim. Data were analysed using the framework approach (Richie and Lewis, 2003).

Results: Diagnosis of colorectal cancer often followed an acute symptomatic episode with initial treatment decisions being made quickly. Participants' main source of information was health care professionals. Other sources of information included friends, relatives, the internet and books. Previous experience of cancer treatment (their own or other peoples') affected

the decisions they made and was the main reason for them not following medical advice. Social circumstances and general health beliefs also influenced treatment decision making.

Discussion: Generally, participants believed they had actively contributed to treatment decisions. Those who had not followed medical advice felt that health professionals respected their decision.

Conclusion: The results of this study suggest that patients want to take an active part in treatment decision making for colorectal cancer. Health care professionals need to take into account the wider influences that contribute to decision making by patients.

Recommended reading list

Macmillan Cancer Support (2012) The Age Old Excuse: The under treatment of older cancer patient at <http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/AgeOldExcuse/AgeOldExcuseReport-MacmillanCancerSupport.pdf> (accessed 19th August 2014)

Ritchie, J., Lewis, J. (2003) Qualitative research practice: a guide for social science students and researcher, London: Sage

Strohschein, F., Bergman, H., Carnevale, F., Loiselle, C. (2011) Patient decision making among older individuals with cancer, Qualitative Health Research, 21 (7): 900 - 926

Biography

Jaqualyn is a Lecturer in Nursing at King's College London. Her research interests include patient experience of cancer therapy, supportive cancer care, care needs of older people with cancer and professional development of pre-registration nurses.

1.4.3 Abstract number 263

12:30pm

Venous access, the voice of the patient lived experience.

Presenter: Dr Melissa Robinson-Reilly, Doctor of Philosophy, Faculty of Health & Medicine, School of Nursing & Midwifery, University of Newcastle, Callaghan, Australia

Co-author(s): Penny Paliadelis, Australia; Mary Cruickshank, Australia.

Abstract

Background: The literature is replete with research about the evolution around the venous access procedure, cannulation, the risks and the benefits, yet, there is limited research specific to the patient experience of venous access.

Aim: The purpose of this study was to understand the patients' experience of venous access, with the aim of bringing forth the voices of a group of cancer patients who have undergone repeated venous access/cannulations.

Method: Two rural oncology units in New South Wales, Australia, were chosen for the recruitment of fifteen participants in this qualitative study. At the time of this study, the participants had either completed chemotherapy or were currently being treated. Participants were asked to discuss what it was like to be repeatedly cannulated. Data was collected via audiotaped individual interviews, the participants' stories were transcribed and analysed thematically. The themes that emerged from the participants' stories provided insightful and valuable data into their perceptions of being cannulated and the decision-making process regarding how and where the procedure occurred.

Results/Discussion: The findings showed that a holistic approach to care was often missing which caused the participants significant feelings of vulnerability and distress. Gaining insight into their experiences highlighted the considerable impact that the procedure has on patients and better collaborative decision-making between clinicians and patients is required.

Conclusions: There are implications to be considered for policy and practice involving venous access/cannulation. With the focus on improving patient outcomes through procedural governance, with the intent of translating this research into evidence based policy. It is anticipated that by understanding the experience of being cannulated from the patients' perspective will contribute to enhancing practice.

Biography

Melissa is an endorsed Nurse Practitioner within the discipline of Oncology/Palliative Care, having a nursing career spanning over 35 years. Melissa was appointed to her first academic position in June 2015, within the School of Nursing and Midwifery, at the University of Newcastle, New South Wales, Australia. As a lecturer at the university, part of Melissa's role is supporting students with their clinical competency portfolios within the Master of Nursing degrees, (Nurse Practitioner and Mental Health Nurse Practitioner). Melissa completed her PhD in 2014, awarded Doctor of Philosophy, having researched the lived experience of venous access, with these findings published in the Supportive Care in Cancer journal in 2015. During her candidature for doctoral studies, Melissa had presented her preliminary findings at five international conferences. Melissa also holds two Masters' of Nursing degrees, Nurse Practitioner and Palliative Care. Melissa's career passions includes education, research, and ethics.

Theme: Interviewing

1.5.1

Abstract number 170

11:30am

The toxic vortex: the lived experience of frustration in nursing practice

Presenter: Mr John McKinnon, MSc PG Dip BA (Hons) RGN RHV RMN, University of Lincoln, Lincoln, UK

Abstract

Background: Frustration describes the emotion experienced in the face of stemmed progress in spite of the best efforts being made and has been defined by Berkowitz (1981:83) as 'an unexpected barrier to goal attainment'. The emotion has been identified as destructive to health and productivity in the work place (Maslach, Schaufeli and Leiter, 2001), a source of moral distress (Burston and Tuckett, 2012) and a predictor of the intention to leave nursing (Li, Galatsch, Siegrist, Muller and Hasselhorn, 2011)

Aim: The paper aims to examine the sources and dynamics of frustration in nursing practice.

Method: Thirty- three nurses across community, public health, paediatrics, mental health and acute adult surgery talked exhaustively in interview about their experiences of frustration in their professional lives. The data was collected in a London teaching hospital trust and in three community NHS trusts in the East Midlands of England between November 2011 and August 2012. The interviews were audiotaped and transcribed verbatim. The transcripts were analysed using Grounded Theory Method.

Results: Frustration was experienced as a toxic vortex like force pulling in other negative emotions; a 'time thief' which defied proactive planning and undermined good practice. Suggestions in the extant literature on the pragmatic management of frustration were seen as unviable in nursing. Sources of frustration included non listening management, colleagues behaving badly and system- reality incompatibility. Frustration exerted a vortex effect on wellbeing featuring workload drift, non reflective behaviour, accelerated exhaustion, working relationship downturn, loss of autonomy, burnout and giving up.

Conclusion: Frustration in is the single most destructive entity in nursing. As a reflection point within a framework for clinical judgment it has potential for identifying hindrances to good practice and development of strategies to address them.

Recommended reading list

Berkowitz, L. (1981) On the Difference between Internal and External Reactions to Legitimate and Illegitimate Frustrations: A Demonstration. *Aggressive Behaviour*. 7(2) 83-96

Li, J., Galatsch, M., Siegrist, J., Muller, B.H., Hasselhorn, H.M. (2011) Reward frustration at work and intention to leave the nursing profession – Prospective results from the European longitudinal NEXT study. *International Journal of Nursing Studies* 48

Maslach, C., Schaufeli, W. and Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52,(1) 397-422.

Biography

John is a senior lecturer in nursing at the university of Lincoln with a clinical background in mental health, critical care, health visiting and safeguarding. His specialist interests are emotional intelligence and reflection. His doctoral studies have been concerned with the development of a framework to harness emotions to inform clinical judgment in nursing practice. His new book 'Reflection for Nursing Life' proposes a fresh approach to the use of reflection in nursing.

1.5.2

Abstract number 318

12:00pm

Street level bureaucracy and the selection of candidates for nursing.

Presenter: Mrs Jane Welby, MSc. BSc (Hons) RGN RM, School of Nursing, Faculty of Health Studies, University of Bradford, Bradford, UK

Co-author(s): Dr Anita Sargeant - England. Dr Chris Dearnley - England

Abstract

Background and Aim - Several factors identified by Lipsky (2010) inevitably influence the recruitment, nationally and internationally, of candidates for nursing programmes, and consequently influence the implementation of workforce recruitment strategies such as Framework 15 (HEE 2014). Drawing on Lipsky's work (2010), and with reference to Foucault (1972-1984), this paper discusses study findings from the perspective of selection personnel who find themselves in the untenable situation of prioritising, when demand for places outstrip or is insufficient in meeting organisational and commissioning imperatives.

Method: Grounded theory using theoretical sampling, semi structured interviews and constant comparative thematic analysis underpinned by memos was used. Simultaneous data collection and analysis was undertaken during 2014 in two HEI's prior to the implementation of the values based recruitment strategy. The findings have implications for the conduct and outcomes of the selection process.

Findings: The study demonstrates that participants apply the NHS Constitution Values as part of the overall selection process. However, in attempting to meet organisational imperatives,

selection personnel are compelled to become street level bureaucrats. They apply a wide range of organisational and localised filters which consequently vary in consistency. These filters may materialise at any point in the selection process, for example raising the entry tariff at an organisational level or applying personal preferences and values as an individual filter.

Discussion and Conclusion: Street level bureaucratic filters therefore play a significant part in determining how many candidates make it through the various selection stages and may ultimately result in the loss of good candidates or the selection of poorer candidates. The danger is that a recruiting for values strategy simply becomes another means of filtering, rather than being the primary Driver for consistent recruitment outcomes.

Recommended reading list

Evans T (2010) Professional Discretion in Welfare Services: Beyond Street Level Bureaucracies. Surrey: Ashgate Publishing Group

Foucault M and Faubion JD (Editor) (1994) Power: The essential works of Michel Foucault. London: Penguin Books

Lipsky M (2010) Street Level Bureaucracy: Dilemmas of the Individual in public services. (30th anniversary expanded edition). New York; Russell Sage Foundation.

Biography

I am a nurse having registered in the late 1970's and have been a lecturer in the school of nursing at the University of Bradford for the past eleven years. I was very fortunate to have been given the opportunity to study for a PhD and commenced in October 2011 on a part time basis. My professional interests are in Values based recruitment, neonatal nursing, public health and healthcare law and ethics.

1.5.3 Abstract number 252
12:30pm

The experience of service user involvement, organisational discourses and development of compassionate emotional work for novice mental health nurse learners.

Presenter: Mrs Janet Wood, RGN, RMN, Bsc, MA Mental Health, MA Social Research, PGCEA, Diploma CBT, Senior Lecturer, Canterbury Christchurch University, Chatham, UK

Abstract

Background: Although the inclusion of service users in professional education is a policy imperative across the health and social care sector, the benefits of this have been assumed rather than evidenced. Existing research on this is reported

to be insufficiently robust in methodologies used and lacking focus on outcomes for development of practitioners and their practice, (Perry et al, 2013, Happell et al, 2014). The research presented intends to address this gap.

Aim: To focus on how learners experience service user involvement and the meaning this has for them as developing professionals undertaking emotional care work.

Methodology and Methods: A qualitative approach, embedded within a pedagogical and ethical framework that views the research process and ethical values that underpin professional practice, as a parallel process. A case study design was used to examine a learner cohort (n17), over year one of a three year undergraduate programme, (April 2014 to January 2015). From this cohort, 6 students took part in 1:1 narrative interviews towards the end of year one. Text data (essays and written classroom reflections), were collected from all 17 students and examined using elements of thematic and dialogic narrative analysis (Reissman, 2008). A more detailed case-focused narrative analysis was used to examine data from the six students interviewed.

Results: Emerging themes illustrate theoretical propositions about the positioning of mental illness and learning disabilities in society (inside and outside the UK), the exercise of power in differing health discourses' and function of emotional labour. Concepts of self presentation (Goffman) and emotional labour (Hoschild) frame the results.

Discussion and conclusion: Implications for 'active ingredients' of service user involvement are discussed in relation to developing compassionate health care practices. Conclusions contribute to an emerging critical debate about a global construction of compassion and role of the media and political vested interests in this.

Recommended reading list

Happell, B, Byrne, L, McAllister, M, Lampshire, D, Roper, C, Gaskin, C, Martin, G, Wynaden, D, McKenna, B, Lakeman, R, Platania-Phung, C, Harmer, H (2014) Consumer Involvement in the tertiary-level education of mental health professionals: A systematic review, International Journal of Mental Health Nursing, 23, p3-16.

Perry, J, Watkins, M, Gilbert, A, Rawlinson, J (2013) A systematic review of the evidence on service user involvement in interpersonal skills training of mental health students. Journal of Psychiatric and Mental Health Nursing, 20, p525-540.

Reissman, CK (2008) Narrative Methods for the Human Sciences, London, Sage.

Biography

Academic qualifications

BSc Hon Social Sciences South Bank University, London

Master of Arts in Mental Health, Anglia University.

Post Graduate Diploma in Cognitive Therapy for Severe Mental Health Problems, Southampton University.

Master of Arts in Social Research, Goldsmiths University, London.

Professional Qualifications

Registered General Nurse RN

Registered Mental Health Nurse

Post Graduate Certificate in Adult Education PGCEA

Janet currently works as a senior lecturer at Canterbury Christchurch University (Kent) and her academic and clinical interests include psychosocial interventions, creative therapies, person centred care and health promotion. Janet is committed to developing innovative ways of including the service users voice in professional education and has taken a lead in developing a strategy for service user involvement in her current role and previously when at Kings College University, London. Janet continues to work closely with the 'buddy scheme' (a local trust initiative), in taking this work forward. Her research work includes the 'socialisation of graduate mental health learners' (undergraduate work at South Bank University, 1985), the 'influence of service user involvement in education on mental health nurse learners' (for MA at Anglia university, 1998), and the development of compassion in mental health learners (for MA Social Research, Goldsmiths university, 2015).

Theme: Mixed methods

1.6.1 Abstract number 198

11:30am

Comparison of the expressed experiences of survivors of childhood medulloblastoma with measures of health & quality of life, and with issues identified during consultations: improving rapid and proactive response to problems

Presenter: Professor Tony Long, SRN, RSCN, RNT, BSc (Hons), MA, PhD, Professor of Child & Family Health, University of Salford, Salford, UK

Co-author(s): Eddy Estlin, UK; John Keane, UK; Rao Gattamaneni, UK; Martin McCabe, UK; Ian Kamaly-Asl, UK; Goran Nenadic, UK; Azad Dehghan, UK

Abstract

Background: Children brain tumour survivors face challenges with neurological functioning, epilepsy, vision, hearing, growth, endocrine,

and psychosocial functioning (Anderson et al, 2001). The cognitive sequelae of medulloblastoma therapy include problems of attention, memory and intellectual functioning, with poor educational attainment, adverse employment prospects, inactive lifestyle and diminished quality of life (MadDrey et al, 2005; Mulhern et al, 2004).

Aim: To identify discrepancies in family narratives; measures of health, quality of life and psychological wellbeing; and hospital records to inform more effective clinic consultations.

Method: Twenty-one patients (11-39 years, 0.5-12 years at diagnosis) were recruited from follow-up clinics (2013-2014). Seven were 11-16 years, and seven 18-24 years to include transition times (changing school/ starting employment). Health status (HUI), health-related quality of life (PedsQL or EORTC QLQ-C30) and psychological wellbeing (PI-ED or HADS) were measured. Families were interviewed to elicit problems experienced since diagnosis. Clinical records were scanned, and all data was subjected to text-mining to compare perspectives of professionals and patients.

Outcomes: Patients showed severely impaired health, characterised by increasing burden of disability. Multifunctional diminished quality of life was evident for most younger patients. Psychosocial functioning and school problems were worse than issues of physical functioning. Pain and cognitive functioning deficits impacted on quality of life. For some adult patients, motor dysfunction and communication deficit reduced quality of life. More emotional distress was recorded for under-18s than for older patients.

Discussion: Despite physical and cognitive deficits, younger patients retained aspiration to achieve in life, seeking more positive responses from schools and services. For adults, the lifelong impact of the tumour and treatment predominated, followed by limited employment opportunities. Lack of social life was burdensome. Patients prioritised school, emotional, cognitive, and physical functioning; while professionals focused more on treatment, investigation, and physical functioning.

Conclusion: Consultations now focus more on patient-identified priorities.

Recommended reading list

Anderson DM, Rennie KM, Zielger RS et al. (2001) Medical and neurocognitive late effects among survivors of childhood central nervous system tumours. *Cancer* 92: 2709-19

MadDrey AM, Bergeron JA, Lombardo ER et al. (2005) Neuropsychological performance and quality of life of 10 year survivors of childhood medulloblastoma. *Journal of Neurooncology* 72: 245-53.

Mulhern RK, Merchant TE, Gajjar A, Reddick WE, Kun LE. (2004) Late neurocognitive sequelae in survivors of brain tumours in childhood. *Lancet Oncology* 5: 399-408.

Biography

After a 10 years clinical career in children's and intensive care nursing, and 14 years in 6 posts in nurse education, I joined the University of Salford in 2002 as Senior Lecturer in Child Health Research. In 2006 I was appointed Professor of Child & Family Health.

I lead CYP@Salford: a multi-professional research group which spans health, social care and education and focuses on enhancing services, improving outcomes and evidencing impacts on children and families. The research group works closely with colleagues in the NHS, Local Authorities, the Third Sector, and national networks. We have research links with international partners in Scandinavia, the Middle East, the Far East, Europe and Australia.

My own research is in two programmes: improving quality of life outcomes for survivors of childhood brain tumour; and enhancing the impact of early intervention in services for neglected children.

1.6.2 Abstract number 420
12:00pm

Discharge and risk assessment in acute care

Presenter: Mrs Liz Deutsch, RGN, DipN., BSC Hons (first), MSc, Heart of England NHS Foundation Trust Birmingham and University of Manchester, Ledbury, UK

Abstract

Background: Acute Medicine Units (AMUs) also form a crucial part of emergency care, notwithstanding they adopt generic in-patient discharge guidance, posited as sub optimal practice for the setting.

Introduction: A Scoping Review of UK discharge policy/guidance for patients discharged from emergency care, specifically AMUs was conducted as the first stage of the Case Study research.

Aim: to critically consider, compare and contrast relevant policy/guidance underpinning the discharge process and risk assessment; in order to reinterpret and construct bespoke guidance for AMUs facilitating timely patient discharge.

Method: the Arksey and O'Malley Scoping methodology were followed: stage one: four broad review questions were formed as a guide; stage two: the most relevant discharge policies were identified using the ECLIPSE framework; stage three: discharge policies were selected, organized and critiqued through an inclusion/exclusion criteria focused on topic, population, setting, discharge process and standards (Evidence for Policy and Practice information centre, EPPI); stage four: each of the discharge process steps/principles from policies were charted to identify overlaps/gaps; stage five:

interpretation of results. In addition, a task & finish group was convened to guide the Scoping process.

Results: fifty-eight relevant policies were identified (2001 to 2015) and the commonalities / pertinent for an AMU discharge process, determined as relevant to acute care. This research is timely and current - it aligns with the recent publication of the NICE guidance (NG 27) for the transition of patients with social needs (NICE, December, 2015)

Conclusions: This work provides a novel contribution to create bespoke discharge guidance for AMUs through a revision of the English discharge principles (Department of Health, 2010). Next Steps: complete the exploratory Case Study (Yin, 2011) using theoretical propositions constructed through Critical Realism (Sayer, 2000) to frame & explore the current issues within the discharge process.

Recommended reading list

Arksey H., and O'Malley L. (2005) Scoping Studies: towards a methodological framework. www.eprint.whiterose.ac.uk

Wildridge, V., Bell, L. (2004) How Clip became Eclipse: a mnemonic to assist in searching for health policy/management information. *Health Information and Libraries Journal* 19 (2): 113 -115.

Evidence for Policy and Practice Information Centre (Eppi) 2010, methods for conducting systematic reviews, EPPI centre, on line access to paper from Social Research Unit, Institute for Education, University of London

Biography

RGN, Dip N., BSc (hons), Dip HSM, MSc, Dip PGR Clinical Doctoral Research Fellow with National Institute for Health Care Research (NIHR) & Consultant Nurse in Acute Medicine, Heartlands Hospital Liz has 24 years of post registration nursing experience in a variety of challenging clinical settings; acute and community; latterly, within a large acute medicine unit, Birmingham. Liz has embarked on a new phase of her career and is currently undertaking National Portfolio Research via 3 year full time Research Fellowship at the University of Manchester, funded by the National Institute for Health Care Research (NIHR) - the project is 'entitled' ROAD: Risk Objective Assessment for Discharge. She will soon publish her first outputs - the Literature Review for 'assessment of discharge' and a Scoping Review of National Discharge Policies. Liz has 48 peer reviewed articles (Pub-Med) and she is the sole Editor of two multi-author, multi-disciplinary books on discharge-planning. She has a broad portfolio of interests, namely work-based competencies for acute medical nursing skills, clinical assessment of the older person; educational development with local University providers and within the Education Faculty at Heartlands Hospital. She currently leads on developing and delivering critical appraisal skills, academic writing, portfolio development and publishing.

1.6.3

Abstract number 331

12:30pm

Multi-professional educational sessions for health visitors caring for children with complex needs: evaluating contexts, mechanisms and outcomes.

Presenter: Dr Alison Steven, PhD, MSc, Bsc(Hons), PGC, RN, FHEA, Reader in Health Professions Education, Northumbria University, Newcastle upon Tyne, UK

Co-author(s): Larkin V.UK, Stewart J.UK, Stanton B.UK, Bateman B.UK

Abstract

Background: Targeted multi-professional services are necessary worldwide for best care of children with complex needs. 15% of UK children under five have a complex long-term condition (Brooks 2013). Nursing and health visiting contributions are associated with better outcomes, however there is ongoing need for access to post-registration education (Cowley et al 2013). A 3 hour interactive multi-professional workshop for health visitors was developed and delivered in a community setting in the North of England.

Aims: Drawing on a realist approach (Pawson and Tilley, 1997) this study explored contextual factors, mechanisms at play and short to medium term outcomes.

Methods: Data collection (documentary, observation, interview, questionnaire) was undertaken at multiple points between June 2014 and May 2015. To identify, unpick and track context, mechanism and outcome configurations, analysis was iterative Drawing on notions of constant comparison. Data workshops facilitated discussion, debate, challenge and agreement of findings. 17 Health Visitors participated (80%).

Findings: Several temporally located contextual factors, mechanisms and outcomes emerged. A conceptual map will be presented and discussed. The development of 'emotional safety for learning' was important and involved mechanisms of reciprocity, interactivity and relevance. Short term outcomes included network development, informative learning and increased confidence. Medium term practice outcomes including accessing support and early referral were linked directly to workshop attendance. While the workshops positioned health visitors as learners and others as facilitators, the unanticipated question 'who actually was the learner' emerged to challenge underlying assumptions.

Conclusion: The structure, context and facilitation of the workshops engendered various facilitatory and inhibitory mechanisms leading to a range of outcomes including practice changes. Learning can be taken from the workshop format and facilitation which may be transferable across contexts and continents.

Recommended reading list

Brooks, F., et al. (2013) 'Evaluation of services for children with complex needs: mapping service provision in one NHS Trust.' *Primary Health Care Research & Development* 14(1), pp. 52-62.

Cowley S, Whittaker K, Grigulis A., Malone M., Donetto S., Wood H., Morrow E., Maben J., (2013) Why Health Visiting? A review of the literature about key health visitor interventions, processes and outcomes for children and families. (Department of Health

Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*. London; Sage.

Biography

Alison studied for her first degree in Nursing Studies BSc(Hons) at Northumbria University gaining a first, before taking up a position as staff nurse and completing a PhD at Newcastle University. Her doctoral study investigated clinical skills education for Nurse Practitioners using a discourse analysis approach. She later worked as a research associate, research fellow and then senior research associate in Newcastle University Medical School. In 2008 Alison came back to Northumbria as Senior Lecturer in Knowledge Translation in Public Health working with FUSE (UKCRC funded Centre for Knowledge Translation in Public Health) and in 2011 was appointed to the position of Reader in Health Professions Education. Alison has a longstanding interest in education and learning both within and across health professions. Alison has been involved in research focused on: patient safety education, education for new roles, developing a National CPD framework for nurses working with older people, practice based education for end of life care, inter-professional education, clinical supervision, knowledge translation, the development of Quality Improvement networks across Europe, CPD and workforce development.

Theme: Mixed methods

1.7.1

Abstract number 404

11:30am

Values based recruitment: developing a programme theory for a realist evaluation

Presenter: Professor Karen Spilsbury, PhD, RN, Professor of Nursing Research, School of Healthcare, University of Leeds, Leeds, UK

Co-author(s): Karen Spilsbury, UK

Abstract

With more than a million people employed in the National Health Service (NHS), the vast majority in front-line patient care, and publicly voiced concerns over failures in care and quality, it feels intuitively appealing to recruit

students, trainees and employees with personal values consistent with those enshrined in the NHS Constitution. In this paper we will present the first phase of a program of work which tests this intuitive appeal by asking, 'Does the evidence for values based recruitment [VBR] merit the faith that policy makers have placed in it?' The policy of VBR assumes recruiting for values and behaviours, and maintaining and encouraging them in practice, will improve healthcare quality. Despite NHS employers and the Universities that educate its students being compelled to implement it, there is no robust evidence to suggest that VBR will actually raise quality. Moreover, much of the logic behind exactly how it is supposed to work is implicit, tacit and dispersed between a myriad of think pieces, editorials, and policy documents.

Our paper will detail the realist development (undertaken between April to October 2015) of a programme theory, describing the mechanisms by which VBR (theoretically) promotes desired values and behaviours in the health care workforce. We will present the findings of (i) a policy document analysis; (ii) a rapid review of VBR literature; and (iii) interviews with the 'architects' of the VBR programme. The theory presented will outline the context, mechanisms and outcomes leading to both the intended consequences of VBR, as well as the policy's unintended consequences. In doing so, we will question the empirical and theoretical foundations for the policy, relevance for other health systems, and outline how and why the study of its implementation, costs and consequences is needed.

Biography

Carl is a health services researcher, nurse and NHS Foundation Trust Non Executive Director. He held a personal Chair at the University of York (2009 to 2015) and was appointed Professor of Applied Health Research at the University of Leeds in February 2015. Carl's research career has focused on getting evidence into the decisions, judgements and behaviours of healthcare professionals. He has co-authored or edited three texts on decision making, judgement and evaluation in nursing and more than 120 publications. Professor Thompson sits on the NIHR's HSDr prioritization panel and the NHSI's Knowledge Exchange funding stream. He is a former co-editor of the BMJ/RCN Publishing journal Evidence Based Nursing and has attracted funding of more than £6m in the last 10 years.

1.7.2 Abstract number 307

12:00pm

Effective patient and public involvement in HTA and the importance of good relationships: Findings from the RAPPORT study (ReseArch with Patient and Public Involvement: a RealisT Evaluation): a national evaluation of health research with patient and pub

Presenter: Dr Sophie Staniszewska, DPhil (Oxon), BSc (Hons), RCN Research Institute, Warwick Medical School, University of Warwick, Coventry, UK

Co-author(s): Patricia Wilson, Elspeth Mathie, Julia Keenan, Fiona Poland, Amanda Howe, Claire Goodman, Marion Cowe, Diane Munday, Elaine McNeilly, Stephen Peckham, Sally Kendall

Abstract

Background: Patient and public involvement (PPI) has become a key area in research, internationally. Few studies have developed our understanding of PPI in relation to what works, for whom, in what context and why. This presentation will focus on key findings from an NIHR funded study, RAPPORT (Wilson et al 2015), which identified the importance of relationships in successful PPI in research.

Methods: RAPPORT was a national evaluation of patient and public involvement (PPI) in health research completed in February 2014. Six topic areas were focused on; arthritis, cystic fibrosis, dementia, diabetes, intellectual and developmental disabilities, and public health. We used a realist evaluative design to find out what worked best in PPI, in what circumstances and why. The RAPPORT study comprised of three stages including a national scoping of the current extent of PPI, a survey of chief investigators, and 22 research studies followed over 18 months to evaluate PPI outcomes.

Results: Relationships emerged as a key factor in the case studies with the strongest outcomes and impacts of PPI. There were four components in enabling relationships; time, reciprocity, arenas, and skills. This presentation will examine each of these areas and consider the implications for future PPI activity in research, including the core activity of relationship development when planning and resourcing PPI.

Conclusion: Patient and public, or citizen involvement, has become an important activity within research. RAPPORT has identified the importance of relationships in effective PPI. While RAPPORT was carried out in a UK setting, its findings have transferability internationally, although the cross-cultural equivalence of core concepts may require further exploration in a country-specific setting.

Recommended reading list

Wilson P, Mathie E, Keenan J, McNeilly E, Goodman C, Howe A, Poland F, Staniszewska S, Kendall S, Munday D, Cowe M, Peckham S ReseArch with Patient and Public involvement: a RealisT evaluation - the RAPPORT study. *Journal: Health Services and Delivery Research* Volume: 3 Issue: 38 Publication date: September 2015. DOI: <http://dx.doi.org/10.3310/hsDro3380>

Mathie, E, Wilson P, Poland, F, McNeilly, E, Howe, A, Staniszewska S, Crowe, M, Munday, D, Goodman, C. (2014). Consumer Involvement in health research: a UK scoping and survey. *International Journal of Consumer Studies* 38:35-44

Stephens R, Staniszewska, S (2015). One small stepâ€ Research Involvement and Engagement; 1:1 doi:10.1186/s40900-015-0005-8

Biography

Sophie Staniszewska leads the Patient and Public Involvement (PPI) and Experiences Programme at the RCN Research Institute, Warwick Medical School. Sophie is Co-Editor in Chief of the Biomed Journal, Research Involvement and Engagement, the first international journal focusing on PPI which is co-produced with patients. Sophie is an INVOLVE Associate and a member of the NETCC PPI Reference Group. Sophie is also a member of the Health Technology Assessment International Patient/Citizen Involvement Steering Group and co-chairs the Methods and Impact Group. Sophie recently chaired the NICE Patient Experiences Guideline and Quality Standard and subsequently the NICE Evidence Update. This work was informed by the scoping study Sophie led which developed the Warwick Patient Experiences Framework. Sophie works closely with NHS England, advising key policy makers in relation to experiences of care. She is an advisor to CQC on patient experience and is topic advisor to SCIE on service user experience of social care. Sophie was a member of the Research Excellence Framework 2014 Public Health, Health Services and Primary Care Panel. Sophie reviews for a range of funding bodies and international journals, is on the editorial board of a number of journals.

1.7.3 Abstract number 101

12:30pm

Improving nurses' responses to intimate partner violence: Development of a theory of change model

Presenter: Dr Caroline Bradbury Jones, PhD, Reader, University of Birmingham

UK, Birmingham, UK

Co-author(s): Julie Taylor, UK, Jayne Parry, UK

Abstract

Background: Intimate Partner Violence (IPV) is a universal problem and is considered a significant public health issue. Nurses are in an ideal position to recognise and respond to IPV but there is significant evidence that they do not always respond appropriately. Awareness, recognition and empowerment have been suggested as factors that may positively influence nurses' IPV responses (Bradbury-Jones et al. 2014). As yet however the mechanisms for how this might work have not been explored.

Methods: Using methods and tools from the field of Theory of Change (Center for Theory of Change 2015), we undertook a structured, six step analysis. Theory of Change involves a back-mapping (filling the gaps) from intended outcomes (improved IPV responses among nurses) to key domains considered to be important, i.e. awareness, recognition and empowerment. The aim of the process was to identify the requirements to bring about change.

Results: We identified the requirements for each of the three domains: 1) Awareness (Enhancing understanding, increasing confidence, dispelling myths and stereotypes); 2) Recognition (Establishing trusting relationships, creating opportunities for disclosure); 3) Empowerment (Increasing likelihood of disclosure, appropriate support and referral). Each requirement area has a corresponding set of actions for nursing practice. These cluster around four important areas: Education, training and clinical supervision; Interpersonal relationships; IPV enquiry; Safety planning. These provide practical steps in improving IPV responses among nurses, which in turn can promote the safety of those experiencing IPV.

Conclusions: In this presentation we will explore the important mechanisms through which nurses' responses to IPV can be improved. Education, training and clinical supervision are pivotal to this process. The presentation will appeal to delegates interested in the relationship between nursing, IPV enquiry and safety planning.

Recommended reading list

Center for Theory of Change (2015) What is Theory of Change? Available: <http://www.theoryofchange.org/what-is-theory-of-change/>

Bradbury-Jones C., Taylor J., Kroll T. & Duncan F. (2014) Domestic Abuse Awareness and Recognition among Primary Healthcare Professionals and Abused Women: a qualitative investigation. *Journal of Clinical Nursing*, 23(21-22), 3057-68).

Biography

Caroline is a Reader in Nursing at the University of Birmingham. Her clinical background is in nursing, midwifery and health visiting. Caroline has a research interest in domestic abuse and most of her work is focused on this issue. She is particularly interested in how nurses can be supported to respond effectively and appropriately to the issue. Within this, she is a keen advocate of education and training to support nurses in their practice when dealing with domestic abuse.

and marital status (sig. =.010). Loneliness was identified to be prevalent among more than half of the sample (68.8%). There was also correlation between loneliness, age (sig.=.062) and religiosity (sig.=.044). Seven themes emerged from the qualitative data analysis: 'social loneliness', 'emotional loneliness', 'emotional reactions', 'coping mechanisms', 'degree of insight into illness', 'understanding and view towards mental illness', and 'behavioural reactions'.

Discussion: The small sample size of the quantitative study reveals the various methodological challenges in implementing research in long term care facilities. However, the qualitative study provides useful insights into this population experiences of loneliness and self-stigma.

Conclusions: The study offers the platform for further investigation on the topic, while discusses implications for policy and practice.

Recommended reading list

Singh, A. and Misra, N. (2009) Loneliness, depression and sociability in old age. *Industrial Psychiatry Journal*, 18(1), pp. 51-55

Valiente, C., Provencio, M., Espinosa, R., Almudena, D. and Franziska, E. (2015) Insight in paranoia: The role of experiential avoidance and internalised stigma. *Schizophrenia Research*, 164, pp. 214-220

Sarisoy, G., Kacar, O.F., Pazvantoglu, O., Korkmaz, I.Z., Ozturk, A., Akkaya, D., Yilmaz, S., Boke, O. and Sahin, A.R. (2013) Internalized stigma and intimate relations in bipolar and schizophrenic patients: A comparative study. *Comprehensive Psychiatry* 54 (6), pp. 665-672

Biography

I am currently a research associate at King's College London, Faculty of Nursing home and Midwifery. I have successfully completed my PhD Viva (University of Bedfordshire) in ageing and mental health research.

1.8.2 Abstract number 264

12:00pm

Subjective wellbeing in UK mental health nurses: findings from a mixed methods research study.

Presenter: Miss Jennifer Oates, City University London, London, UK

Abstract

The conference presentation will focus on a discussion of the results of this study, following a thematic thread from the survey to the interview findings.

Background: The study of subjective wellbeing (SWB), or happiness, has gained international research prominence in recent years with it being seen increasingly as a marker of

national prosperity (Dolan, Layard & Metcalfe, 2011). This is the first published study of UK mental health nurses using validated SWB measures.

Aims: The aim of the study was to measure the SWB of UK mental health nurses, and to identify how nurses with high SWB looked after their own mental health.

Methods: This was a mixed methods study. Data was collected between November 2012 and February 2014. In part one a national sample of 237 UK mental health nurses took part in an online survey using three different measures of SWB, including the Warwick Edinburgh Mental Wellbeing Scale (Tennant et al, 2007). In part two a purposive sample of 27 mental health nurses with high SWB were interviewed regarding their mental health and happiness.

Results: Study participants had a relatively low SWB compared to national population samples, Happy mental health nurses associated certain activities and attitudes with their SWB. It was associated with spending time in nature, taking exercise, listening to and playing music and practicing mindfulness, reality acceptance, valuing the self and seeking out pleasurable experiences.

Discussion: This study has implications for occupational health and human resources policy within healthcare organisations. The findings should inform the content of staff 'happiness strategies' and occupational health promotion activities.

Conclusion: This is the first study looking specifically as SWB in UK mental health nurses. It provides new insights into how mental health nurses perceive their own happiness, and what can be done to maintain and enhance it.

Recommended reading list

Oates, J. (2015). Use of Skype in interviews: the impact of the medium in a study of mental health nurses. *Nurse researcher*, 22(4), 13-17.

Tennant R, Hiller L, Fishwick R, Platt S, Joseph S, Weich S, Hiller L, Joseph S, Parkinson J, Secker J, Stewart-Brown S. (2007) The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Quality of Life Outcomes* 5:63

Dolan, P., Layard, R., & Metcalfe, R. (2011) Measuring Subjective Wellbeing for Public Policy: Recommendations on Measures Special Paper No . 23 March 2011. Report to the ONS. London: Centre for Economic Performance.

Biography

Jennifer Oates is a PhD student at City University London. She is a registered mental health nurse, with clinical experience in acute care, liaison psychiatry and community mental health. In recent years she has worked in a number of healthcare regulation and commissioning roles, as well as working as a lecturer and senior lecturer in nursing. Her research focus is the mental health and well being of mental health nurses, although she has also researched and published on aspects of health care regulation and policy.

Theme: Mixed methods

1.8.1 Abstract number 112

11:30am

Self-stigma and loneliness among mentally ill older adults in nursing homes

Presenter: Miss Vasiliki Tzouvara, King's College, Florence Nightingale School of Nursing and Midwifery, London, UK

Abstract

Background: Loneliness associates with negative effects on older adult's health. On the other hand, mental illness self-stigma associates with poor quality of life including increase social avoidance and isolation, and it is one key risk factor of early hospitalisation. There are, therefore, indications upon the potential inter-relationship between loneliness and self-stigma, yet a limited number of studies aimed at examining it. Also, our knowledge is limited on how institutionalised (nursing homes) older adults with mental health problems experience loneliness and mental illness self-stigma.

Aims: The aim of this study was: a) to examine the inter-relationships between loneliness and self-stigma among older adults with mental health problems in nursing homes, and b) to explore how this population experiences loneliness and self-stigma.

Methods: A mixed-methods approach was utilised. The first phase involved a quantitative face-to-face questionnaire survey (n=16), and the second phase involved an interpretive qualitative study (n=10).

Results: More than half of the participants reported low levels of self-stigma (56.3%), yet a substantial number of them scored high on the self-stigma scale (43.8%). The analysis identified a relationship between stereotype endorsement

1.8.3 Abstract number 16
12:30pm

Icelandic outpatients receiving treatment for cancer: Health locus of control, symptoms of depression and anxiety. A quantitative study.

Presenter: Dr Elisabet Hjorleifsdottir, Ph.D. in nursing, University of Akureyri, Akureyri, Iceland

Co-author(s): Dóra B. Jóhannsdóttir, Iceland

Abstract

The concept health locus of control (HLC) has been defined as internal or external locus of control. Internal locus of control (ILC) has been shown to be linked with healthier lifestyle and better adjustment to illnesses.

Objectives: To examine HLC in Icelandic outpatients with cancer using the Multidimensional Health Locus of Control Scale-form C (MHLC-C) and symptoms of depression and anxiety using the Hospital Anxiety and Depression Scale (HADS).

Method: Cross-sectional study with a sample of 150 cancer patients receiving treatment for cure or palliation. Mean age was 62 years. Descriptive statistic were used to describe and compare the characteristics of the data.

Results: Response rate was 72%. MHLC-C external locus of control (ELC), (having faith in doctors) had the highest mean (31.4). High scores for symptoms of depression (16.7%) and anxiety (13%). Women scored significantly higher than men on symptoms of depression ($p=0.038$). Participants 60 years and older who had faith in doctors had significantly more ELC than those who were younger ($p=0.020$).

Participants receiving curative treatment had significantly less symptoms of depression ($p=0.012$) and anxiety ($p=0.041$) compared to those who had treatment for palliation. Significant positive correlation was found between ELC (believing in coincidences and fate) and ILC ($0.377/p<0.01$); ELC (believing in others) and ELC (believing in coincidences and fate), ($0.323/p<0.01$). Significant negative correlation was found between ILC and symptoms of depression ($-0.402/p<0.01$); ELC (having faith in doctors) and symptoms of depression ($-0.220/p<0.05$); ELC (having faith in doctors) and frequency of diagnosis ($-0.237/p<0.05$). Factor analysis revealed loading between 0.633-0.899 for each item and Cronbach's alpha was 0.765-0.917.

Conclusion: Locus of control in patients with first diagnosis and in those with advanced disease can predict patients' inner strength and well-being.

Biography

Clinical nurse specialist in cancer and palliative care

Masters degree in Nursing from the University of Glasgow, Scotland

Doctoral degree from Lund University, Lund Sweden

Associate Professor at the University of Akureyri, Akureyri, Iceland

Manager of the Hospice home Care in Akureyri, Iceland

Theme: Systematic review

1.9.1 Abstract number 91
11:30am

The challenges of non-specialist nurses providing palliative end-of-life care to patients and their significant others: a metasynthesis

Presenter: Mrs Hroenn Thorn, Master of Public Health, Department of Gyneacology and Obstetrics, Horsens Regional Hospital, Denmark

Co-author(s): Lisbeth Uhrenfeldt, Denmark

Abstract

Background: Evidence exists indicating that oncology nurses can perform care that provides the patients with strength as they are transitioning during end-of-life. Nurses working in surgical and medical wards are normally not specialized in oncology as are nurses working in hospices and oncology wards. In view of the fact that globally, cancer is the leading cause of death, there is a significant chance that all nurses at some point in their work life will be providing palliative end-of-life care.

Aims: The aim of this metasynthesis was to identify the experiences of non-specialist nurses when providing palliative end-of-life care to patients and their significant others undergoing existential and psychosocial transitions.

Methods: A comprehensive systematic synthesis was conducted using the Joanna Briggs Institute Qualitative Assessment and Review Instrument. The search for evidence aimed at finding both published and unpublished papers. The synthesis of evidence was conducted on 3 levels: findings, categories based on similarity and metasynthesis.

Result: Initially, a total of 1055 titles were identified. Of these, only three papers met the inclusion criteria. The three included papers were assessed independently by both reviewers. An analysis of the included papers identified 82 findings which were allocated into 5 categories: being there for the patient, being ethically trapped, job satisfaction, and cooperation with significant others. These categories were pooled into a metasynthesis; the challenges of non-specialist nurses during palliative end-of-life care.

Conclusion: The three studies in this review provided useful and credible statements from non-specialist nurses about their experiences with the transitions of patients and significant others during palliative end-of-life care. The findings revealed a need for more education and information in order to provide a good quality palliative end-of-life care so that the patients live as well as possible until they die with dignity

Recommended reading list

Thorn, H., & Uhrenfeldt, L. (2014). Experiences of non-specialist nurses with patients and their significant others undergoing transitions during palliative end-of-life care: a systematic review protocol. The JBI Database of Systematic Reviews and Implementation Reports, 12(11), 19-30.

Thorn, H., & Uhrenfeldt, L. (in draft). Experiences of non-specialist nurses with patients and their significant others undergoing transitions during palliative end-of-life care: a systematic review.

Biography

Nurse degree 1991 in the Faroe Islands

Master of Public Health 2010 in Denmark

Worked 9 years as a community nurse, and 10 years as ward nurse. The last 5 years I have been working as quality improvement and research.

1.9.2 Abstract number 366
12:00pm

What is the value of attendance at palliative day care? A mixed systematic review.

Presenter: Dr Joanne Jordan, BA, PhD, Research Fellow, Ulster University, Newtownabbey, UK

Co-author(s): Joanne Jordan, Northern Ireland; Professor George Kernohan, Northern Ireland; Felicity Hasson, Northern Ireland; Mary Rose Holman, Northern Ireland; Sonja McIlpatrick, Northern Ireland; Kevin Brazil, Northern Ireland; Louise Jones, England; Jo Coast, England

Abstract

Background: Previous systematic reviews of evidence of the (cost) effectiveness of palliative care day services have been limited due to a lack of primary research and limitations on included studies. The last reviews, published in 2011, concluded that day care has the potential to improve patients' quality of life.

Aims:

1. To evaluate the effectiveness of clinical, psychological, social and spiritual interventions offered to adults attending palliative care day services.

2. To identify which contextual factors (facilitators and barriers) impact on the effectiveness of the interventions.

Methods: A systematic approach involving a review team included: primary and review level evidence; published and grey literature; papers in any language, and; studies that focus on adults with life-limiting illness (malignant and non-malignant). We searched relevant electronic databases, hand-searched other sources and contacted relevant authors and content experts. Included studies were quality-appraised and the certainty of evidence assessed. We used expert advice to synthesise quantitative data¹; the framework approach² to synthesise qualitative data; a narrative synthesis for cost-effectiveness data³, and; an overarching narrative synthesis to bring together the quantitative and qualitative evidence in the form of a logic model.

Results: Our logic model identifies relevant components of the interventions and context in which they are implemented, and links these to specific impacts or outcomes through the identification of moderators (barriers and facilitators). This process enables the development of theoretical propositions concerning which factors, and mechanisms of interaction, are likely to lead to which outcomes.

Conclusions: Although the value of integrating syntheses of qualitative and quantitative evidence in the form of an overarching systematic review is increasingly recognised, examples remain rare. Our review therefore represents an important contribution to review methodology, as well as the evidence base concerning the effectiveness of palliative care day services.

Recommended reading list

Centre for Reviews and Dissemination (CRD) (2009) Systematic Reviews. CRD's Guidance for undertaking reviews in health care. University of York: CRD.

Ritchie J & Spencer L (1994) 'Qualitative data analysis for applied policy research' in A Bryman & RG Burgess (eds) *Analysing Qualitative Data*. London: Routledge, pp.173-194.

Shemilt I, Mugford M, Byford S et al. (2011) Incorporating economics evidence. In: Higgins JPT, Green S (editors) *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.1.0 (updated March 2011). The Cochrane Collaboration. <http://www.cochrane-handbook.org>

Concurrent session 2

Wednesday 6 April 13.55 - 15.20

Theme: Action research

2.1.1 Abstract number 382

1:55pm

Supporting students with mental health problems: Exploring the tutor-student relationship through autoethnography

Presenter: Ms Lyn Gardner, RMN, BSc, MSc, PGCEA, Senior Lecturer, Department of Public Health, Policy and Social Sciences, Swansea University, Swansea, UK

Abstract

Background: There is increasing recognition within higher education of the need to support students with mental health problems (HEFCE 2015), and the personal tutor (PT) is often the first point of contact. From the student's perspective, 'the experience of personal tutoring reveals a parallel process' (Gardner and Lane 2010) which can offer insights into establishing effective and compassionate therapeutic relationships with people in their care. It is therefore important that the PT is able to balance the educational demands of the role with the responsibility of responding effectively and authentically to the student's distress. For many PTs, this presents unforeseen and unexpected challenges which require reflection and scrutiny of the ongoing tutor-student relationship.

Aims: The aim of this presentation is to outline a participative methodology for exploring, critically evaluating and developing the role of the PT from the individual perspective of the tutor and student. It will be of interest to academics who wish to more effectively support students with mental health problems.

Methodological Discussion: In order to explore the PT relationship from the perspective of the participants, a broadly autoethnographic approach was chosen. Autoethnography is a reflective and reflexive research methodology which privileges the individual voice and focuses on the 'purposeful use of self' (Foster et al 2006) within a social and cultural context. For the purposes of this study, the methodology was expanded and developed to include the voices of the students by encouraging them to keep reflective accounts of their experiences. Although the focus of this presentation is the development of the methodology, its usefulness will be illustrated with examples from published and unpublished studies.

Conclusion: This paper will outline a research methodology by which tutors can explore, develop and evaluate their relationships with

student nurses who are experiencing mental health problems.

Recommended reading list

HEFCE (2015) 'Understanding provision for students with mental health problems and intensive support needs', HEFCE, London

Gardner, L.D. and Lane, H. (2010) 'Exploring the personal tutor-student relationship: an autoethnographic approach', *Journal of Psychiatric and Mental Health Nursing*, 17, 4, 342-347

Foster, K., McAllister, M. and O'Brien, L. (2006) 'Extending the boundaries: autoethnography as an emergent method in mental health nursing research', *International Journal of Mental Health Nursing*, 15, 44-53

Biography

After qualifying as a mental health nurse I practised within both adult mental health services and CAMHS for a number of years. An interest in social justice and advocacy led me to take a full-time sociology degree where I learnt more about tackling inequalities in health, which served to inform the foundations of my subsequent teaching role in nurse education. I have taught within HE for 25 years and during that time have maintained a dual focus on sociology and mental health practice. I have worked closely with practitioners in supporting the development of mental health service provision, which in turn has shaped my teaching.

2.1.2

Abstract number 325

2:25pm

Enabling carers/supportive persons to administer depot injections within mental health

Presenter: Dr John Crowley, RN, BSc PhD, senior Lecturer, University of Greenwich, London, UK

Abstract

This innovative project relates to the enablement of a family member or 'supportive person' to administer a prescribed depot injection to a patient with the diagnosis of a mental disorder. This medical intervention is usually administered by a mental health nurse. The projects origin was a request by a service user requesting her husband be enabled to administer her depot injection.

The study aims were to develop a skills and knowledge set for the supportive person; explore

the elements of risk when supportive persons were enabled to administer a medical intervention; develop a guiding booklet for practice; establish any potential impact on relationships when this role is taken on and ascertain the views of both medication prescribers and injection administrators.

The doctoral study worked with seven families for between 1 and 5 years, and was completed in 2014. An action research designed study, informed by empowerment theoretical perspectives and the recovery philosophy was used to explore the study aims. The methods used to collect data included case studies, interviews, observations and validated evaluation tools.

The study findings suggest that it is achievable for patients, supportive persons and the NHS to collaboratively work on safely sharing the administration of a depot injection under a liability framework. The findings suggest that translating choice and empowerment into practice can be developed but requires adjustments from both the receiver and deliverer of services. Concepts like stigma and trusting relationships are integral to the delivery of mental health care and need to be understood when developing innovative practice and in the understanding of risk management, particularly risk within the home.

A unique selling point is the development of client and family centred care, within a self-care management model, which is very relevant to long-term condition care.

Recommended reading list

Crowley, J. (2014) Enabling Carers to administer Depot Injections: an action research study. PhD thesis available at <http://gala.gre.ac.uk/11617/>

Crowley, J. & Davis, A. (2008) A Researcher's journey for clarity; clarifying indemnity issues when carers take on a role in medicines management. *Journal of Psychiatric and Mental Health Nursing*. vol 15, no 9, pp717-721

Feetam, C. & White, J. (eds) (2014) Guidance on the administration to adults of oil-based Depot and other Long-Acting Intramuscular Antipsychotic Injections. 4th Ed. Available at: www.hull.ac.uk/injectionguide

Biography

John commenced his nursing career as an SEN in adult nursing before progressing to nurse registration in both adult and mental health disciplines. The majority of his practice has been within mental health practice incorporating both community and in-patient services. His particular practice interests include structured family work and psychosis, physical health needs of mental health service users and psycho-social interventions.

John's seminal moment, relating to practice, was as a manager, listening to a service users request for a option in the receipt of her depot. This led to working with an enabling niche of families, Trust colleagues and other organisations in developing the service users request. Ultimately it led to a doctoral study and a job in academia, (Greenwich University) where he currently works as a senior lecturer. Age and wisdom makes nursing such an interesting job.

His current projects within academia include service user and carer involvement in education and a motivational interviewing study in collaboration with Oxleas NHS Trust.

John has been married for 30 years to Gill, the parent of 4 children, a keen cyclist and a school Governor.

2.1.3 Abstract number 133
2:55pm

Developing family-centred care in a neonatal intensive care unit: an action research study

Presenter: Dr Caryl Skene, DMedSci RM, RN, Neonatal Nurse Consultant, Jessop Wing Neonatal Unit, Sheffield, UK

Co-author(s): Professor Kate Gerrish UK, Fiona Price UK, Dr Liz Pilling UK, Pauline Bayliss UK

Abstract

Background: Despite the plethora of research highlighting the benefits of parental involvement in the care of their infants, evidence suggests that the implementation of family-centred care in the Neonatal Intensive Care Unit (NICU), is often inadequate and inconsistent (Bliss 2015, Vittner et al 2015, Picker 2012).

Aims: This study utilises a participatory action research approach to enable researchers, neonatal staff and parents to co-develop, implement and evaluate evidence-based family-centred strategies in the NICU.

Setting

A 50-cot tertiary NICU in the UK.

Sample

Nurses, members of the neonatal multi-disciplinary team, parents and their infants.

Methods: The Exploratory phase commenced in January 2015. Baseline data (focus groups, interviews, survey of staff, focus groups, survey of parents and parent diaries) described the current context and perceived barriers of parental involvement. This led to the development of a number of evidence-based interventions.

The Intervention phase commenced in April 2015. Three action research cycles were used to test and further refine the interventions,

informed by on-going data collection from parents and staff.

The Evaluation phase commences January 2016. Baseline measures will be repeated in order to identify any changes and evaluate the impact of the interventions. Focus groups and interviews with staff and parents will provide insight into the process of change and the perceived success of the initiative.

Findings: The findings from the first two phases will be presented and illustrate how neonatal staff can contribute to a family-centred model of care in which parents are actively involved in the care of their infant on NICU.

Conclusion: The study will provide new insights into how neonatal staff can support parents to become actively involved with in the care of their infant in the neonatal unit.

Recommended reading list

Bliss the premature Baby Charity (2015) Bliss baby report 2015: hanging in the balance. Bliss, London.

Picker Institute (2012) Parent's experiences of neonatal care: a report on the findings from a national attract survey. Picker Institute Europe.

Vittner D, Casavant S, McGrath J. (2015) A Meta-ethnography: Skin to skin holding From the Car-givers perspective. *Advanced in Neonatal Care*. 15(3):191-200

Biography

I initially trained as Registered Nurse and Registered Midwife in the North East of England. After consolidating my training, I worked overseas for 5 years as a midwife and a neonatal nurse in a charity hospital in the Middle East. After returning to the UK, I worked in various roles including Neonatal Sister, Advanced Neonatal Nurse Practitioner and Lecturer Practitioner. My current role as a Neonatal Nurse Consultant in a busy tertiary Neonatal Unit in Sheffield includes leading and developing a growing team of Advanced Neonatal Nurse Practitioners, developing nurse led services and supporting family centred care.

My interest in nursing research started early in my career and I have undertaken a number of research studies exploring issues such as the Parental experience of neonatal bereavement (Skene 1999), the role of the Advanced Neonatal Nurse Practitioner (Lee, Skelton, Skene 2001) and Parental involvement in neonatal pain management (Skene 2010). I am currently leading a team of researchers in an action research study on relationship centred care in the Neonatal unit.

Theme: Focus groups

2.2.1 Abstract number 40
1:55pm

Student nurses' and mentors' understandings of fitness to practise in pre-registration nursing programmes.

Presenter: Dr Elaine Haycock-Stuart, Nursing Studies, School of Health in Social Science, The University of Edinburgh, Edinburgh, UK

Co-author(s): Dr Jessica McLaren, UK, Allison McLachlan, UK, Christine James, UK

Abstract

Background: Fitness to practise is a requirement for pre-registration nursing students. Yet there is a dearth of literature examining fitness to practise conceptualisation amongst nursing students and mentors. Existing fitness to practise literature focusses on medical students and there is a preponderance of literature reviews and descriptive or discursive papers.

Objectives: This study aimed to explore pre-registration nursing students' and mentor's understandings of fitness to in nursing programmes.

Design: A qualitative study in the interpretive paradigm involving 6 focus groups and 4 face to face interviews with nursing students and mentors.

Setting: The 11 Higher Education Institutions providing pre-registration nursing education in Scotland. Data were collected January 2014-March 2015 following ethical approval.

Participants: Purposive sampling recruited mentors and nursing students from pre-registration nursing programmes at different stages of educational preparation.

Methods: Qualitatively Driven semi-structured focus groups (n = 6) and interviews (n = 4) were conducted with a total of 35 participants (17 pre-registration nursing students and 18 nursing mentors).

Results: Three themes emerged from the student and mentor data and are explored: Conceptualising Fitness to Practise; Good Health and Character; and Fear and Anxiety surrounding Fitness to Practise Processes.

Conclusions: Uncertainty about understandings of fitness to practise contributed to a pervasive fear among students and reluctance among mentors to raise concerns about a student's fitness to practise. Both students and mentors expressed considerable anxiety and engaged in catastrophic thinking about fitness to practise processes. Higher Education Institutes should reinforce to students that they are fit to practise the majority of the time and reduce the negative emotional loading of fitness to practise processes and highlight learning opportunities.

Biography

Elaine is interested in service organisation and delivery for quality healthcare, particularly in respect of health visiting, public health nursing and community nursing services.

Recent research has focused on leadership and team work in primary care and the community nursing setting.

Elaine has an interest in service user perspectives as well as those of the work force and has investigated people's experiences of health and healthcare services in their communities. Recently she has been involved in a number of research studies examining the health care experiences of families from differing ethnic backgrounds, service organisation, leadership and nursing education.

Studies completed March 2013, 2014 and 2015 consider user and carer involvement in practice assessment and fitness to practise processes in pre-registration programmes and combine Elaine's research interests in user and carers' views with her interest in the educational preparation of nurses.

2.2.2 Abstract number 211

2:25pm

The role of coping skills in the psychosocial adaptation to Parkinson's disease in patients and family carers: The qualitative perspective in a mixed-methods study

Presenter: Dr M Victoria Navarta-Sanchez, Faculty of Nursing, University of Navarra, Pamplona, Spain

Co-author(s): Neus Caparros, Spain; M Eugenia Ursua, Spain; Sara Diaz de Cerio, Spain; Mario Riverol, Spain; Mari Carmen Portillo, UK.

Abstract

Background: Living with a chronic illness is complex due to numerous social disruptions experienced by patients and families¹. However, healthcare nowadays does not seem to consider how influential social changes could be in terms of the patients' and families' adaptation process to a chronic illness, and health¹⁻². Specifically, there is scarce attention to the psychosocial adjustment faced by patients with Parkinson's disease (PD) and their relatives².

Aims: To explore which coping skills could ease the psychosocial adjustment to PD and why, and based on this knowledge design a non-pharmacological intervention, which could improve the quality of life of PD patients and their relatives.

Methods: The qualitative phase of a mixed methods study³ will be presented. Data were collected through three focus groups in May 2014 with 9 PD patients, 7 relatives and 5 health-

care professionals in the community, accessed by purposive sampling. Focus groups were digitally recorded and transcribed verbatim, and content analysis was conducted.

Results: Most participants reported that basic coping skills to increase the psychosocial adjustment were: having a positive attitude, being patient, living for today and keeping the normality in the new circumstances. Analysis also revealed that these coping skills could positively influence the psychosocial adjustment to PD by helping the patients and carers: 1) accept the chronic illness, 2) search for activities to reduce the impact of symptoms, and 3) integrate in their day-to-day new skills to face difficulties and losses forced by the illness.

Discussion: A non-pharmacological intervention focused on enabling people with PD and their relatives to acquire coping skills which would help their adjustment to PD is proposed.

Conclusion: Dealing with social changes and coping skills through this non-pharmacological intervention should become part of the nursing routines when working with patients with chronic illnesses and their families to improve their quality of life.

Recommended reading list

1. Ambrosio, L., Senosiain Garcia, JM., Riverol Fernandez, M., Anaut Bravo, S., Diaz de Cerio Ayesa, S., Ursúa Sesma, ME., Caparras Civera, N. & Portillo, MC. (2015). Living with chronic illness in adults: a concept analysis. *Journal of Clinical Nurs.* 24, 2357-2367.

2. Ambrosio, L., Navarta-Sánchez, MV. & Portillo, MC. (2014). Living with Parkinson's disease in the community: improving assessments and interventions. *Primary Health Care.* 24 (10), 26-29.

3. Creswell, JW. & Plano Clark, VL. (2011). *Designing and conducting mixed methods research* (2^o Ed.). Thousand Oaks, CA: SAGE Publications.

Biography

PhD, MSc, BSc, RN, Assistant lecturer. Faculty of Nursing. University of Navarra, Spain.

Victoria is an Assistant lecturer at the University of Navarra involved in the training and evaluation of the clinical practice module of students in Nursing Degree.

In 2010 she completed an MSc in Nursing Research and in September 2015 she completed her Doctorate at the University of Navarra. She is exploring the process of living with Parkinson's Disease in patients and their relatives. The final aim of her PhD was to design a non-pharmacological intervention to facilitate that primary care nurses can improve coping and psychosocial adjustment to illness in patients with chronic illness and their relatives. Moreover, she has a keen interest in self-management support of long-term conditions patients and implementation of healthcare services in clinical practice.

2.2.3 Abstract number 336

2:55pm

Women's experiences of low back and/or pelvic pain during pregnancy

Presenter: Dr Ciara Close, PhD, Msc,Bsc, Queen's University Belfast, Royal Hospital, Belfast, UK

Co-author(s): Dianne Liddle (N. Ireland), Marlene Sinclair (N.Ireland), Julie McCullough(N.Ireland), Ciara Hughes (N.Ireland)

Abstract

Background: Over two thirds of women experience low back pain, almost a fifth experience pelvic pain and half experience a mixture of low back and pelvic pain at some stage during pregnancy (Pennick and Liddle, 2015). Currently very little is known about how women experience these conditions and the standard treatments provided, as most of the research has been quantitative in nature.

Aim: To explore the experiences of women with pregnancy-low back and/ or pelvic pain (LBPP)

Methods: Women completing a randomised controlled trial investigating reflexology for pregnancy- low back and/ or pelvic pain were invited via email to participate in a focus group about their experience of this pain. Focus groups were recorded with a digital audio recorder and after transcription were analysed using thematic content analysis.

Results: 14 women with a mean age of 33 attended three focus groups. Three main themes emerged 1) The physical and emotional impact of pregnancy-related low back and/ or pelvic pain had on women's lives; 2) Women's attitudes and knowledge towards pregnancy low back and/ pelvic pain 3) Women's use of treatments to manage pregnancy LBPP and dissatisfaction with standard advice and treatment

Discussion: LBPP during affected women both physically and emotionally, a finding which is supported by a growing body of literature to indicate that pregnancy LBPP can not only affect women physical but emotionally (Gutke et al. 2007). Women's knowledge of pelvic pain was poor and for some this induced fear, which has been previously reported by Shepherd (2005). The dissatisfaction with health professional advice and treatment for pregnancy-LBPP is concerning, as is the use of non-prescribed medications for this pain.

Conclusions: Pregnancy LBPP has physical and emotional consequences. Women need to be educated about this pain and on safe management. Improvements to standard treatment and advice may be needed.

Recommended reading list

Pennick V., Liddle S.D. 2013. Interventions for preventing and treating pelvic and back pain in pregnancy. *Cochrane Database of Systematic*

Reviews. Available from <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001139.pub3/pdf> (Accessed 13th November 2013) (Internet)

Shepherd, J. 2005. Symphysis Pubis Dysfunction: a hidden cause of morbidity. *British Journal of Midwifery* 13(5), 301-307.

Gukte, A., Josefsson, A., Oberg, B. 2007. Pelvic girdle pain and lumbar pain in relation to postpartum depressive symptoms. *Spine* 32(13), 1430-6.

Biography

I am currently working as Research Fellow at Queen's University Belfast, working specifically in the field of migrant health and well-being. I completed my PhD in 2014 working on research related the impact of complementary therapies on mental health and pain during pregnancy. I have an extensive background in health promotion having worked specifically in an acute hospital as a smoking cessation specialist and nutritionist. I also hold an Msc in Health promotion and population health and BSc honors in Nutrition.

Theme: Systematic review

2.4.1 Abstract number 326

1:55pm

Outcome reporting in UK-based maternity trials: A systematic review of randomised controlled trials

Presenter: Dr Ayesha Mahmud, MBBS MRCOG, University of Birmingham, Birmingham, UK

Co-author(s): Kirstie Haywood, UK; Sara Kenyon, UK; Christine McArthur, UK; Tabassum Khan, UK; Khalid Ismail, UK.

Abstract

Introduction: Pregnancy is a physiological state that can significantly impact the health and well-being of women. Outcomes are important for understanding the wide-ranging impact of pregnancy and childbirth. However, guidance regarding the most appropriate outcomes to include in randomised clinical trials (RCTs) of maternity care does not exist. Assessment heterogeneity in clinical trials hinders data comparison and systematic reviews. This review aimed to describe the range of outcomes reported in Maternity RCTs.

Methods: A systematic review of UK-based maternity RCTs published between 2004-2014 was undertaken. Relevant RCTs were identified and study eligibility was assessed by two reviewers. The selected RCTs were categorised as per type and timing of intervention. Reviewers completed data extraction; for all outcomes

reported, their completion mode, timing and reproducibility.

Results: 11,836 articles were identified; 68 RCTs met the inclusion criteria. This included majority birth-related (47%) trials. The largest proportion of trial interventions were medicinal (46%). Overall 840 outcomes were identified. 12.02% of these were Patient-reported-outcomes (PROs) and 87.97% were Clinician-reported-outcomes (CROs). 46.6% of the PROs were established measures with a clear history of development and testing. However, the majority of PROs (53.3%) were ad hoc, trial-specific measures without clear evidence of development or testing. Moreover, outcomes critical to informing foeto-maternal wellbeing showed significant reporting heterogeneity. For example; postpartum haemorrhage.

Conclusions: This review highlights the significant heterogeneity and poor quality of reporting outcomes in maternity RCTs. The impact of pregnancy and child-birth as understood from the perspective of the mother was poorly assessed. These findings underpin the importance of seeking to better understand the experience of mothers and the outcomes that they value in the pursuit of defining acceptable and relevant pregnancy-related outcome measures. Moreover, guidance to improve the homogeneity of outcome reporting in the form of a core outcome set for maternity clinical trials is urgently required.

Biography

Dr Mahmud is a PhD student at the University of Birmingham and a Member of the Royal College of Obstetrics and Gynaecology. She is funded by the Wellbeing of Women Entry level scholarship awarded to mark the birth of HRH Prince George of Cambridge.

2.4.2 Abstract number 269

2:25pm

The role of the mental health nurse in physical healthcare: A literature review.

Presenter: Mr Gearoid Brennan, BA (Hons), BN, MN, RMN, Staff Nurse, NHS Lothian, Edinburgh, UK

Abstract

Background: People with a serious mental illness experience poorer physical health and present with higher rates of cardiovascular disease, metabolic disorders and sexually transmitted diseases (Robson and Gray 2007). Prevalence rates are high regardless of country. There are multiple interacting and contributing factors for this including socio-economic issues, stigma and the side effects of psychotropic medication to name but a few (Collins et al. 2012). Consequently, it is estimated that people with Schizo-

phrenia die 20 years younger than the general population. Nurses are in a unique position to impact positively on these deficits, as they are the biggest professional group working in mental health services across Europe. However it is unclear if mental health nurses see this as their role. Gray (2012) argues that the reality of practice has not caught up with the rhetoric of research and calls the current situation a 'silent scandal' (p.191).

Aim: This paper aims to present an overview of the literature regarding this pertinent topic and explore future research directions.

Methods: A narrative literature review. Relevant databases were searched using key terms. Studies published between 2009-2013 and in English were included. Papers could be from any jurisdiction. Only original studies were included.

Results: A total of 41 studies are included for discussion.

Discussion: Numerous themes emerge from this review. These include; role ambiguity, structural and organisational barriers, lack of education and confidence as well as stigma and illness-related barriers. These all impact on mental health nurses' practice.

Conclusion: This review identifies areas for further research. Future studies should address one or more of themes evident in the review. Such studies should help address the barriers to mental health nurses meeting the physical health needs of their patients.

Recommended reading list

COLLINS, E., TRANTER, S. AND IRVINE, F. (2012) 'The physical health of the seriously mentally ill: an overview of the literature'. *Journal of Psychiatric & Mental Health Nursing*, 19(7), pp.638-646.

GRAY, R. (2012) 'Physical health and mental illness: A silent scandal'. *International Journal of Mental Health Nursing*, 21(3), pp. 191-192.

ROBSON, D. AND GRAY, R. (2007) 'Serious mental illness and physical health problems: A discussion paper'. *International Journal of Nursing Studies*, 44(3), pp. 457-466.

Biography

Gearoid is a graduate of NUI Maynooth, having read for a double honours degree in English and German. He then completed his pre-registration Mental Health nursing degree at Edinburgh Napier University. He was awarded the university medal on graduating for outstanding achievement. He has recently completed the Master of Nursing in Clinical Research at the University of Edinburgh, funded by the Scottish Government's Chief Nursing Officer's Directorate. His master's dissertation was awarded with distinction and focused on the role of the mental health nurse in addressing the physical health needs of people with serious mental illness. He hopes to pursue a clinical academic career route. He has a keen interest in qualitative methods, the social sciences, self-harm and acute psychi-

atric care research as well as some of the ethical issues inherent in research. He works clinically as a staff nurse within NHS Lothian's Royal Edinburgh Hospital. When he is not researching or nursing or researching nursing, he enjoys a spot of baking, cooking, coffee and the gym.

2.4.3 Abstract number 262

2:55pm

'Failing to fail' - a systematic review of where we are now

Presenter: Dr Kathleen Duffy, PhD, MSc, BA, RGN, RNT, Senior Nurse Practice Education, NHS Lanarkshire, Sharon, UK

Abstract

Background: In the United Kingdom (UK) pre-registration nurses and midwives are supported and assessed in practice by registrants who have undertaken an approved Nursing and Midwifery Council mentorship programme (NMC 2008). Duffy's seminal doctoral work (2003, 2006) around 'failing to fail' was a catalyst for change within the UK with regards to mentorship preparation and support. But, 10 years on from completion of that work, is 'failing to fail' still an issue for debate?

Aim: The aim of this paper is to present a critical reflection of the findings from a systematic literature review which explored 'failing to fail' from both a national and international perspective.

Methods: A multi-stage search strategy of literature from 2006-2015 was undertaken. Electronic database searches were conducted for English, peer-reviewed, quantitative and qualitative primary research, and other published evidence-based literature. The Electronic Theses Online Service was utilised for grey literature and conference proceedings. The CASP tool was used to assess the rigour of papers.

Results: A total of 18 papers were included in the literature review. Findings indicate that mentors continue to face challenges around the emotional aspects of failing a student in practice and that courage and resilience are central concepts that require to be considered in mentorship preparation and ongoing development. Identifying and supporting mentors who lack confidence is required by both lecturers and practice education facilitators. Of note within the literature reviewed was the absence of the 'student' voice.

Discussion: Synthesis of the review highlighted that while many of Duffy's recommendations for mentorship practice have been implemented since 2006 some of the original findings remain relevant across the international health-care arena today; with some of the research recommendations still to be realised.

Recommended reading list

Nursing and Midwifery Council (2008) 'Standards to support learning and assessment in practice'. Nursing and Midwifery Council, London

Duffy, K. (2003) 'Failing students: a qualitative study of factors that influence the decisions regarding assessment of students' competence in practice.' Glasgow: Glasgow Caledonian University. Available from: <http://www.nmc-uk.org/Documents/Archived%2>

Duffy, K. (2006) 'Weighing the Balance: A grounded theory study of the factors that influence the decisions regarding the assessment of students' competence in practice.' PhD thesis, Glasgow: Glasgow Caledonian University. Access via <http://rcn.sirsidynix.net.uk/uhtbin/cgiisirs/?ps=VerQF9sVDq/LONDON/185360011/2/1000>

Biography

Kathleen is currently working as a senior nurse for practice education within NHS Lanarkshire. She has had a long standing interest in mentorship and is best known for her Nursing and Midwifery Council scholarship report published in 2004 which reignited the issue of 'failing to fail'. Kathleen started her career in nursing in Glasgow where she undertook a Bachelor of Arts in Nursing Studies. Following this she worked in acute medical areas within the city before moving to study for an English National Board General Intensive Care course at the Middlesex Hospital, London. On her return to Glasgow Kathleen continued her career within acute medical areas. A post graduate certificate in education and a Masters in Health Studies saw Kathleen undertake the role of lecturer and then senior lecturer within Glasgow Caledonian University. She completed her thesis titled: 'Weighing the Balance: A grounded theory study of the factors that influence the decisions regarding the assessment of students' competence in practice' in 2006. She continues to write and publish to support mentors in practice.

Theme: Mixed methods

2.5.1 Abstract number 51

1:55pm

What is the quality of end of life care for those who die at home? A study to explore the views and experiences of bereaved carers'

Presenter: Dr Carolyn Lees, RGN, DN, MSc, MEd, PhD, Liverpool John Moore's University, Liverpool, UK

Co-author(s): Dr. Catriona Mayland, Liverpool

Abstract

Background: The quality of end of life care has been the focus of much government policy. Collecting data from those who are dying is complex (Mitchell, 2002) but it appears that relatives and carers' views provide a valuable evaluation of the patient's end of life care, synergised with their own unique experiences as carers.

Aim: To explore bereaved carers' experiences of end of life care for those who had died at home using a validated tool.

Methods: A mixed method approach comprised of a self completed questionnaire allowing respondents to provide narrative to support their responses. Two hundred and ninety one patients who had an expected death at home were identified. Narrative data from the questionnaires were analysed using framework analysis identifying prominent words and phrases, expanded to include associated key words or themes (Richie & Spencer, 1994).

Results: Four main themes and associated sub themes emerged from the narrative data. The main themes were coordination and continuity of care, competence, compassion and communication. Quantitative data will not be presented here.

Discussion: The findings from this study reflect that generally good quality care was provided for those who died at home. There were examples of well orchestrated care with services working well together, but there were times when adequate support was not evident.

Conclusions: With the number of deaths globally set to increase there is a need to identify tools which measure the quality of end of life care for those who choose to die at home in order to improve the experiences of patients and carers. The CODE questionnaire represents a user friendly, comprehensive tool to achieve this.

Recommended reading list

Mitchell, G.K. (2002) How Well do General Practitioners Deliver Palliative Care? A Systematic Review, *Palliative Medicine*, 16; 457-64

Richie, J. and Spencer, L. (1994) Qualitative Data Analysis for Applied Policy Research, (Bryman and Burgess, eds) *Analysing Qualitative Data* London

Biography

I qualified as a registered nurse in 1985 spending most of my clinical practice in community nursing. After gaining a Masters in Education and a Masters in research I completed a Doctorate in nursing with a particular interest in measuring and capturing the patient experience. I have worked in a large NHS Trust responsible for leading on quality improvement and quality standard initiatives joining Liverpool John Moore's University in February 2015 as a senior lecturer responsible for teaching on the undergraduate nursing programme as well teaching research across other programmes within the school.

2.5.2 Abstract number 124

2:25pm

Development and testing of a nurse-led oral fluid intake risk and response tool for older inpatients

Presenter: Mr Lloyd Oates, Northumbria Healthcare NHS Foundation Trust, North Shields, UK

Co-author(s): Judy Plank, England, UK; Vicky Riddell, England, UK; Chris Price, England, UK.

Abstract

Background: Older people in hospital are susceptible to dehydration due to pre-existing and acute health problems. There is no routinely used standardised nursing assessment to identify those patients without intravenous fluids who remain at risk of poor oral fluid intake.

Aim: To develop a nurse-led fluid intake risk assessment and response protocol for integration into the care of older patients within 48 hours of hospital admission.

Methods: Thematic analysis of interviews with staff (n=55), patients and relatives (n=11) assisted with development and evaluation. After baseline clinical record audit (n=100), the Northumbria Assessment of Hydration (NoAH) tool was deployed without blinding on 4 wards across 3 hospitals for a period of 5 months (March-July 2015). Nurses followed three escalating grades of clinical care response according to a NoAH score from 0-10, which reflected medication, communication, visual perception, fluid consistency recommendation, orientation and ability to drink from a glass.

Results: Interviewees confirmed that formal recognition of dehydration risk factors was an essential component of nursing care, and supported a quick bedside assessment with a matching graded response such as patient held intake charts, elicitation of drinking preferences, and a regular senior nurse review. Amongst 650 admissions, 143 were ineligible because the patient was already receiving intravenous fluids,

a fluid restriction or palliative care. 304 NoAH tools were completed (54% low, 43% medium, 3% high risk). Average NoAH incompleteness was 31%. Increases were observed in documentation of fluid balance charts (46% vs 94%), urine output charts (9% vs 88%), drinking preferences (10 vs 32%) and discussions about hydration (5% vs 13%).

Conclusions: A simple bedside assessment to promote oral fluid intake is feasible and acceptable. After further modifications to achieve the ideal combination of risk indicators and responses, we will formally evaluate the impact on health outcomes and resource utilisation.

Biography

Lloyd Oates completed his undergraduate degree in Forensic Psychology at Teesside University in 2009 before completing his MSc in Health Psychology the following year and continues to work towards achieving a role as a chartered Psychologist.

Working within community and educational rehabilitation for individuals with acquired brain injuries and other mental health conditions gave Lloyd a range of experience in working across the life span. Lloyd went on to complete his PGCert in Low Intensity Therapies and worked as a Psychological Wellbeing Practitioner in IAPT providing therapy for individuals with common mental health difficulties.

Lloyd has worked within third sector research and been actively involved within the North East Psychological Society. Working as part of the Research and Development team at Northumbria Healthcare Foundation Trust has seen involvement with a number of research projects focused on stroke, older adults, Parkinson's and dementia research both in and outside of the UK.

2.5.3 Abstract number 231

2:55pm

Information sharing and knowledge exchange with respite care services for older adults

Presenter: Dr Linda McSwiggan, PhD, MSc, BSc, RGN, RM, HV, DN, Senior Lecturer, School of Nursing and Health Sciences, University of Dundee, Dundee DD1 4JH, UK

Co-author(s): Judith Marston, Scotland; Martin Campbell, Scotland; Tim Kelly, Scotland; Thilo Kroll, Scotland

Abstract

Background: Globally, respite services play an important role in supporting older adults and carers. Not enough is known, however, about what facilitates transitions into respite care and maximises understanding among staff about the older person for whom they will be caring.

Aim: To explore, from carers' perspectives, the scope, quality and fit of information sharing and knowledge exchange between carers, cared for, community nurses and respite staff.

Methods: A qualitative, exploratory study involving 24 carers, recruited via third sector organisations, was undertaken in Scotland. Participants were purposively sampled and took part in a focus group or individual interview. Data was collected from August 2013-September 2014. Data was systematically analysed using constant comparative methods.

Results: This paper will report on carers' retrospective accounts of information sharing and knowledge exchange with respite services grouped around three emergent themes: 'reaching out'; 'working through'; and 'moving on'. Whilst some carers chose not to use technology themselves, they typically assumed that it would be used by health and social care professionals to expedite communications about respite provision. Carers did not perceive community nurses as having a role in helping them to share information with respite services.

Discussion: For respite services, investing time and effort in establishing meaningful relationships with carers and those they care for were consistently highlighted, by carers, as pre-requisites to delivery of high quality respite care. Over time, however, the need for face-to-face contact was sometimes replaced with use of technologies which had the potential to make communications between carers and respite services more timely and person-centred.

Conclusions: Proactive and responsive approaches to relationship-building, structured around regular contacts and reviews, are likely to improve information sharing and knowledge exchange between carers, cared for people and respite services. The role of community nurses in facilitating information sharing and knowledge exchange requires further exploration.

Biography

Linda's research interests lie broadly within the scope of addressing inequalities and more specifically on community nurses' contributions to promoting the health and wellbeing of individuals, families and communities. She has experience of both quantitative and qualitative research methodologies and methods, and of multi-agency working with NHS colleagues, social services and third sector services. Linda teaches on several undergraduate and postgraduate programmes and, since her promotion to Senior Lecturer two years ago, has also taken on the role of Lead for Interprofessional Education within the School of Nursing and Health Sciences, University of Dundee.

Theme: Mixed methods

2.6.1 Abstract number 397

1:55pm

Understanding the registered nursing workforce in care homes

Presenter: Professor Karen Spilsbury, PhD, RN, Professor of Nursing Research, School of Healthcare, University of Leeds, Leeds, UK

Co-author(s): Barbara Hanratty, UK; Dorothy McCaughan, UK

Abstract

Internationally, care homes play an essential role in providing care for an older population with increasingly complex health care needs. Ensuring older people can access 'good' nursing care in care homes is crucial. However, there is limited understanding of the registered nursing workforce in this sector. This study (April 2014 to February 2015) identifies key issues in relation to the care and professional development needs of RNs employed in UK care homes. In particular, it addresses characteristics of the workforce, scope of their roles, education and training, and career development.

We used multiple methods, with four linked strands: rapid review of published literature (116 papers); mapping secondary UK data sources; modified Delphi survey using a 'panel' (two rounds, 352 respondents); and telephone interviews (n=16) with care home, primary and community care staff, as well as leaders in care home work (national and international). Each work strand has been analysed thematically but the emphasis of our overall analyses is on triangulating different accounts and different methods, to reflect the subtle nuances of stakeholders' perspectives.

Despite a role in care homes that is broad and multifaceted, the sector is struggling to recruit and retain RNs. There are only estimates of numbers of RNs employed by UK care homes: around half (53%) work full time and annual turnover is high (29%). To attract, recruit and retain the future nursing workforce, the care home sector needs to consider ways of providing challenging and rewarding career pathways. By combining different organisational and professional views, this paper provides a detailed picture of the main issues as perceived by a range of stakeholders on this important workforce issue. Consequently, our findings and recommendations are located within the 'realities' of care home service delivery and will be relevant to practice, education, policy and research.

Biography

Karen is a registered nurse and health services researcher. She was recently appointed at the University of Leeds to an Investment Chair in Nursing Research, having previously gained her personal Chair at the University of York. Her expertise extends to fields central to con-

temporary nursing practice, demonstrated by the development of a programme of clinically and policy relevant research in the areas of the healthcare workforce and care for older people. In particular, she is interested in evaluating how changes in the composition, organisation and management of the healthcare workforce impact on quality of care and outcomes. She has widely published her work. Karen is a member of the National Institute for Health Research Health Services and Delivery Research Researcher-led Programme Commissioning Board. Her editorial duties include an Associate Editor role with the International Journal of Nursing Studies. She is a member of the Department of Health's Care Sector Nursing Taskforce.

2.6.3 Abstract number 229

2:55pm

From assistant nurse to registered nurse: a UK mixed methods study exploring transitions

Presenter: Mrs Victoria Arrowsmith, RN BA PGCEA, Florence Nightingale Faculty of Nursing and Midwifery, King's College London, London, UK

Co-author(s): Ian Norman, UK; Jill Maben, UK, Margaret Lau-Walker, UK.

Abstract

Background: The trend of facilitating assistant nurses to become registered nurses (RNs) exists, for example, in the USA, (Nursing Assistant Guides 2015) the EU, (Braeseke et al. 2014), while in the UK bridging programmes are currently being developed (Lovegrove and Griffin 2015).

Aim of the study: To understand the work role transitions of student nurses who were formerly employed as healthcare assistants.

Methods: Qualitative and quantitative data were collected from first, second and third year students with relevant experience at two UK universities between September 2010 and July 2012. Survey data from questionnaires (n=297) were analysed for descriptive and inferential statistics. Also, twenty students from each year group (n=60) were purposively selected for interviews. The framework approach and thematic analysis of the interview data provided the mechanism for synthesizing the data.

Results: Findings indicate as students disconnect from their prior work role they revision their former assistant nurse role, the role of student nurse, the work environment and the role of the Registered Nurse. They experience role change shock as they find, contrary to expectations, their former role does not automatically or easily facilitate their transition to Registered Nurse.

Discussion: A combination of transitions and role theory explains students' experiences as they revision the role of the RN and move from

a task orientation to a whole person approach to nursing care.

Conclusion: Facilitating assistant nurses to become student nurses assumes appropriate recruitment and retention and that prior experience will facilitate studentship and the transition to RN. Policy makers, practitioners and educationalists need to be aware of the impact of prior experience to support this group of student nurses.

Recommended reading list

Braeseke, G., Hernandez, J., Dreher, B., Birkenstock, J., Filkins, J., Presuker, U., Stocker, G. & Waszkiewicz, L. (2014) Development and coordination of a network of nurse educators and regulators (SANCO/1/2009) Final report to the EU Commission. CONTEC to the EU Commission. DG SANCO.

Lovegrove M, Griffith R. (2015) Pre-nursing degree care experience pilot. End of evaluations summary report. Retrieved from <http://www.alliedhealthsolutions.co.uk> on 8 July 2015

Nursing Assistant Guides (2015) Your guide to becoming a medical assistant. Vol. 2015. Retrieved from <http://www.httpNursingAssistantGuides.com> on 10 Oct 2015

Biography

PhD student at King's College London 2010-2016
Senior Lecturer Adult Nursing. Open University. 2001-2013

Senior Lecturer Adult Nursing. University of Bedfordshire. 1995-2001

Senior Staff Nurse Operating Theatres Stoke Mandeville Hospital Buckinghamshire. 1990-1995

Secretary to the Sports Federation, Port Moresby, Papua New Guinea. 1986-1989

Sister Operating Theatres. General Infirmary at Leeds. 1974-1980

Staff Nurse, Operating Theatres. 1972-1974

Student Nurse. General Infirmary at Leeds 1969-1972

Publications

Arrowsmith, V.A. (2005) Preventing Cross Infection. In Baillie, L.J. (ed.) Developing Practical Nursing Skills. 2nd ed. London. Arnold
Baillie, L.J. Arrowsmith, V.A. (2005) Meeting Elimination Needs. In Baillie, L.J. (ed.) Developing Practical Nursing Skills. 2nd ed. London. Arnold

Thomas, J. Arrowsmith, V.A. (2002) Working in partnership to deliver an innovative pre registration nursing programme. Health Information and Libraries Journal ol. 19, No3 pp161 3 ISSN 1740 3324

Lead Reviewer: Cochrane Collaboration Systematic Literature Review, Arrowsmith, V.A. Maund, J.A. Sargent R.J. Taylor, R. Removal of nail polish and finger rings, by scrubbed personnel to prevent surgical infection. (2000-2016)

Theme: Action research

2.7.1 Abstract number 1

1:55pm

Methodological issues associated with population health nursing research

Presenter: Dr Jacqueline Fawcett, RN; PhD; ScD (hon); FAAN, Professor, University of Massachusetts- Boston, Boston, USA

Abstract

The increasingly global recognition of many common health-related conditions require population-level rather than individual-level solutions. Consequently, in recent years, many healthcare experts have called for a shift in thinking about health care from an emphasis on individuals' disease conditions to population-level disease prevention and wellness promotion.

The purpose of this paper is to discuss innovative methodological issues associated with research guided by the Conceptual Model of Nursing and Population Health, which addresses the intersection of nursing and population health (Fawcett & Ellenbecker 2015). This conceptual model supports studies of attainment of the highest possible quality of life for populations, by means of culturally aware nursing activities targeted to promotion or restoration and maintenance of wellness and to prevention of disease for all populations. The paper includes a definition of population health, distinctions between public health and population health, and discussion of appropriate research methodologies. Questions are raised about the meaning of population health research and research methods that are consistent with the study of diverse populations, especially those who are traditionally underrepresented in research. Questions about research methods that are appropriate for studies of populations include research designs, recruitment of research participants who constitute populations rather than samples drawn from populations, instruments, and data analysis techniques.

Findings from studies guided by the Conceptual Model of Nursing and Population Health should advance nursing knowledge about upstream factors (socioeconomic factors and physical environment), population factors (genetic factors, behavioral factors, physiologic factors, resilience, and health state), health care system factors (providers, organizations and institutions, payers, and policies), and nursing activities (population-based nursing practice processes; culturally aware wellness promotion, restoration, and maintenance; and culturally aware disease prevention) that affect the health outcomes of all populations (population-level wellness, population-level disease burden, population-level functional status, population-level life expectancy, population-level mortality, and population-level quality of life).

Recommended reading list

Fawcett, J & Ellenbecker, CH. (2015). 'A proposed conceptual model of nursing and population health' *Nursing Outlook*, vol 63, no 3, pp 288-298

Biography

Dr. Jacqueline Fawcett holds a nursing baccalaureate degree (1964) from Boston University and nursing master's (1970) and PhD (1976) degrees from New York University. She is an emerita Professor of the University of Pennsylvania and currently is a Professor in the Department of Nursing at the University of Massachusetts Boston. Dr. Fawcett is best known for her metatheoretical work, including analysis and evaluation of nursing conceptual models and theories. She has developed three original conceptual models. Her publications include several nursing textbooks about the nature and structure of nursing knowledge and more than 100 journal articles and book chapters about her empirical research and metatheoretical issues. Dr. Fawcett has recently turned her attention to the intersection of nursing and population health. She is a peer reviewer for several nursing journals and is a former editor of the *Journal of Advanced Nursing*. Among her honors are election to fellowship in the American Academy of Nursing in 1979, receipt of a Doctor of Science, Honoris Causa, from Université Laval, Quebec, Canada in 2012, and being named a Living Legend by the Massachusetts Association of Registered Nurses in 2013.

2.7.2 Abstract number 107

2:25pm

Top ten research priorities relating to stroke nursing: a rigorous approach to establish a national nurse-led research agenda

Presenter: Dr Anne Rowat, PHD, PGcertHE, BSc, RGN, RNT, Edinburgh Napier University, Edinburgh, UK

Co-author(s): Alex Pollock, Scotland, UK; Bridget St George, Scotland, UK; Eileen Cowey, Scotland, UK; Joanne Booth, Scotland, UK; Maggie Lawrence, Scotland, UK; on behalf of the Scottish Stroke Nurses Forum

Abstract

Aim: To identify the top 10 research priorities relating to stroke nursing.

Background: It is important that stroke nurses build their research capability and capacity. This project built on a previous James Lind Alliance (JLA) stroke research prioritisation project, which established the shared research priorities of stroke survivors, carers and health professionals relating to life after stroke (Pollock et al, 2012; 2014).

Design: Research priority setting project using JLA methods; a survey for interim prioritisation and a consensus meeting for final priority setting.

Methods: Stroke nurses were invited to select their top 10 priorities from a previously established list of 226 unique unanswered questions between September and December 2014. These data were used to generate a list of shared research priorities (interim priority-setting stage). A purposefully selected group of stroke nurses attended a final consensus meeting (April 2015).

Results: Ninety-seven respondents completed the interim prioritisation process, objectively identifying 28 shared priority treatment uncertainties. Twenty-seven stroke nurses attended a consensus meeting and reached agreement on the top 10 research priorities related to stroke nursing. Five of the agreed top 10 questions related to specific stroke-related impairments, including fatigue, cognition, mood, incontinence and effects of thrombolysis. Three related to specific nursing strategies such as goal setting, therapy and self-management techniques; and two related to social aspects of coming to terms with long-term consequences of stroke and the environment for young stroke survivors.

Conclusions: The research agenda for stroke nursing has now been clearly defined, facilitating nurses to undertake research which is of importance to stroke survivors and carers, and central to supporting optimal recovery and quality of life after stroke.

Recommended reading list

Pollock A, St George B, Fenton M, Firkins L. (2012) Top ten research priorities relating to life after stroke. *Lancet Neurology*, vol 11, no 3, p 209.

Pollock A, St George B, Fenton M, Firkins L. (2014) Top ten research priorities relating to life after stroke - consensus from stroke survivors, caregivers and health professionals. *International Journal of Stroke*, vol 9, no 3, pp 313-20.

Biography

Anne Rowat is a qualified nurse and lecturer in adult nursing at Edinburgh Napier University. Post-doctoral research studies are mainly in the field of complications after stroke, including: hypoxia and hypotension during feeding and patient positioning. Current work includes: investigating factors associated with the development of dehydration; nasogastric feeding; self-management; and exercise strategies for stroke patients. Her research work on stroke has informed guidelines and best practice statements. She is the current chair of the Research Action Group for the Scottish Stroke Nurses Forum, which aims to encourage more stroke nursing research.

2.7.3 Abstract number 71
2:55pm

Gatekeeping: a typology and screening tool

Presenter: Professor Austyn Snowden, PhD RMN, School of Nursing Midwifery and Social Care, Edinburgh Napier University, Edinburgh, UK

Co-author(s): Jenny Young, Scotland

Abstract

Background: Gatekeeping refers to the process where healthcare providers prevent access to eligible patients for research recruitment. It is a common issue, particularly in research involving people considered 'vulnerable'. Explanations for gatekeeping are reasonably well developed and it has been coherently argued that gatekeeping is unethical. Nevertheless gatekeeping persists, and so a deeper understanding is needed.

Aim: The objective of this study was to develop a typology of gatekeeping behaviour in order to systematically mitigate it.

Method: EBSCO databases were searched for articles on gatekeeping between 1990 - 2015 and the results imported into NVivo 10. All examples of gatekeeping behavior were coded using gerunds to focus on the activity of gatekeeping. The codes were condensed into a provisional theoretical framework.

Two focus groups were then conducted in 2015 with nine qualified hospice community nurses involved in recruitment to a trial in palliative care. Semi-structured questions focused on the nurses' actions during recruitment. Both groups were audio-recorded, transcribed verbatim then analysed using the framework analytic process.

Results: A continuum typology of gatekeeping behavior emerged, ranging from unintentional to active disengagement. Justification ranged from forgetting or perceiving the study as low priority, to deliberately not mentioning the study for fear of burdening patients or harming therapeutic relationships.

Discussion: The typology developed here allowed for the creation of an original screening tool. The presentation details how the typology and screening tool items link and function.

Conclusion: It is important to ascertain and discuss likely gatekeeping behaviour before studies start. Mitigation strategies can then be developed collaboratively. The screening tool developed here is introduced as a useful method of facilitating early discussion in any study where clinicians have any responsibility for recruitment. Recruiting clinicians should then be free to discuss anxieties they may have in a supportive environment.

Recommended reading list

Stone, P.C. et al., 2013. Factors affecting recruitment to an observational multicentre palliative care study. *BMJ Supportive & Palliative*

Care, 3(3), pp.318-323. Available at: <http://spcare.bmj.com/content/early/2013/01/07/bmjspcare-2012-000396.full>.

Ward, D.J. et al., 2013. Using Framework Analysis in nursing research: A worked example. *Journal of Advanced Nursing*, 69(11), pp.2423-2431.

Snowden, A. et al., 2015. Evaluating Holistic Needs Assessment in Outpatient Cancer Care: a Randomised Controlled Trial- the study protocol. *BMJ Open*, 5(e006840). Available at: <http://bmjopen.bmj.com/cgi/content/long/5/5/e006840>.

Biography

Austyn Snowden is chair in mental health at Edinburgh Napier University. He was a clinical nurse for 20 years and worked in a range of specialties in UK, Australia, Channel Islands and Saudi Arabia before becoming a full time academic in 2007. His research interests are all focused around the impact, function and facilitation of systematically listening to people.

He is currently principal investigator on a number of externally funded studies, including analysis of consultations in psychiatry and acute cancer care using MEDICODE; an original method of conversation analysis that allows the researcher to quantify contributions within conversations and thus measure subtle aspects of interventions not previously understood. He leads the evaluation of 'Improving Cancer Journeys', a Macmillan Cancer Support UK project designed to proactively support people newly diagnosed with cancer. He also leads the development of a Patient Reported Outcome Measure of spiritual care for NHS Education Scotland and is particularly interested in validation studies generally. He is part of a team undertaking a longitudinal study examining the role of emotional intelligence and previous caring experience in nursing. In this paper he co-presents findings from an investigation into gatekeeping behaviour in clinicians.

Theme: Survey

2.8.1 Abstract number 206
1:55pm

Care experience prior to entry into undergraduate nursing degrees: the recommendation, rhetoric and reality

Presenter: Ms Sarah Field-Richards, RN, MNurSci (Hons), Research Fellow, University of Nottingham, Nottingham, UK

Co-author(s): Sarah Field-Richards, England; Patrick Callaghan, England; Helen Spiby, England; Gemma Stacey, England; Philip Keeley, England; Sarah Redsell, England; Sharon Andrew, England.

Abstract

Background: In response to the Francis Report (2013), the Department of Health (DH) (2013) recommended that individuals complete up to a year of care experience before commencing nurse training, as a potential means of fostering values conducive to compassionate care.

Implicit within this recommendation, is the assumption that most individuals have not had care experience prior to nurse training, and this is problematised within the context of concerns surrounding care quality. Prior care experience (PCE) is presented as a change to current pre-training practices, and as a novel means of addressing issues surrounding compassionate care. Leaving aside the question of whether PCE fosters the development of students' caring and compassionate attributes, the potential effectiveness of the recommendation is dependent upon the extent to which the assumption of PCE paucity, is an accurate reflection of reality.

Aim: To determine the prevalence and characteristics of PCE undertaken by students entering nursing degrees in September 2015.

Methods: All first-year student nurses attending three UK Universities were invited to complete an online survey, to ascertain whether they had undertaken PCE and if so, its characteristics. Descriptive statistics generated in Bristol Online Surveys are reported.

Results: Early data (n=95) shows that 85% of entrants to nursing reported having had PCE. The majority of these students had PCE of more than 12-months duration (69.9%) and worked at least 24 hours/week (65.2%).

Discussion and Conclusion: These data challenge the assumption implicit within the DH recommendation regarding the paucity of PCE, since the majority of nursing students had undertaken PCE. Further, a substantial proportion of participants' PCE exceeded the recommended duration. These findings suggest a disparity between the rhetoric and reality surrounding PCE, and that its implementation as a prerequisite for entry into nurse training may

not represent a change to current pre-training practices, of the scale envisaged by the DH.

Recommended reading list

Department of Health. (2013). Delivering high quality, effective, compassionate care. Developing the right people with the right skills and right values. A mandate from the government to health education england: April 2013 to March 2015. London: The Stationary Office.

Francis, R. (2013). Report of the mid staffordshire NHS foundation trust public inquiry. London: The Stationary office.

Biography

Joanne Lymn is a Professor of Healthcare Education at the University of Nottingham and Director of Learning & Teaching in the School of Health Sciences there. Joanne is currently PI on a Department of Health funded Policy Research programme grant exploring the impact of prior care experience on nursing students caring and compassionate behaviours. This four year grant is taking a longitudinal view investigating both the experience of people who were participants in the DH pilot project and the relationship between having care experience, or not, on proxy measures of the 6C's in students who started their nursing studies in 2015.

2.8.2 Abstract number 93

2:25pm

The psycho-social environment in the clinical learning areas in Johannesburg, South Africa : A student nurse perspective

Presenter: Dr Sue Armstrong, D Cur, MSc, B Ed, B ur, University of the Witwatersrand, Johannesburg, South Africa

Co-author(s): Lize van Niekerk; Janis Johnson; Letta Mathebula; Mpho Mot-saanaka; Tamara Simelane; Elfi Kietsmann; South Africa

Abstract

Background: Student nurses in South Africa spend 4000 hours of their four year course in clinical placements. Anecdotal evidence shows that they find the clinical learning environment stressful and question whether their placements support their learning needs.

Aim: This study was conducted to determine the perspectives of the student nurses of the psychosocial environment within the clinical learning areas with a view to informing efforts to improve the wellbeing of student nurses in the clinical learning areas.

Method: A self-administered questionnaire viz. COPSOQ which uses a 5 point Likert scale was used. The sample consisted of 164 student

nurses in the second year of training registered at three nursing colleges. Descriptive statistics were used to analyse the quantitative data. Two open ended questions were added to the questionnaire which were subjected to open coding.

Results: The most stressful aspect of the student nurse's clinical experience were the cognitive demands (3.74) made on them followed closely by the demand to hide their emotions (3.64) and the responsibilities they carry (3.57). Students do however receive good social support (3.42) and there is a fairly high sense of community (3.49) which may ameliorate the negative factors in the clinical learning environment. 84.2% of the students feel insecure at work and yet the job satisfaction rate was (74.4%). The qualitative responses indicate that students use a variety of coping mechanisms including religion/spiritual practices, consulting others, getting organised and expressing emotions.

Discussion: The psycho-social environment of the clinical learning areas is challenging for student nurses which together with the responsibilities they carry require resilience in order to cope. The burden on these students does not support their learning needs and needs urgent attention.

Recommended reading list

Brown, H., Gillespie, M., McDonald, J., Miles, L. & O'Mara, L. (2014). Challenging clinical learning environments: experiences of undergraduate nursing students. *Nursing Education in Practice*. 14: 208 - 213.

Edgecombe, K, Jennings, M and Bowden, M. 2013. International nursing students and what impacts their clinical learning: Literature review. *Nurse Education Today* Volume 33, Issue 2, February 2013, Pages 138-142

Kaphagawani, N.C., and Useh, U (2013). Analysis of Nursing Students Learning Experiences in Clinical Practice: Literature Review. *Ethno Med*, 7 (3): 181-185 (2013)

Biography

Sue Armstrong is currently teaching and supervising post-graduate students at the University of the Witwatersrand. She is actively involved in the Nursing Education Association and has contributed to publications related to professional practice, management in nursing education and quality assurance in healthcare.

2.8.3 Abstract number 402

2:55pm

Person-centred nursing: a study of pre-registration and community nursing students' attitudes

Presenter: Dr David Banks, PhD, MA, BSc (Hons), DMS, RMN, RGN, RNT, Lecturer, Queen Margaret University, Edinburgh, UK

Co-author(s): Gillian Morris, Scotland, UK; Lesley McKinley, Scotland, UK; Dr Russell Ashmore, England, UK

Abstract

Background: Recent inquiries have focused attention on the need for nurses to deliver compassionate person-centred care. The person-centred approach (Rodgers, 1967) has a long tradition in mental health (MH) nursing, which can also be traced in the development of self awareness and communication skills in Project 2000 curricula. There have been few attempts to measure nurses' person-centred attitudes (PCA). Existing research is dated and not without limitations (Burnard and Morrison, 1991). There is also a paucity of research exploring development of PCA in students.

Aims: To examine person-centred attitudes amongst undergraduate and postgraduate nursing students undertaking community and pre-registration programmes.

Method: A sample of 161 MH and 128 Adult pre-registration students and 115 health visitor and district nursing students were recruited from two UK universities over three years. Participants: (1) rated, on a scale between 0 and 70, the degree to which they believed their attitudes to be person-centred in relationships with patients; and (2) completed the Nelson-Jones and Patterson (1975) 70 item counsellor attitude scale (CAS) - one measure of PCA. Analysis consisted of both descriptive and inferential statistics.

Key findings: (1) Students' self-perceptions of their PCA are significantly higher than indicated by their CAS scores; (2) Post registration community students and pre-registration MH students returned higher mean CAS scores than adult pre-registration students; (3) No significant improvements were shown in Adult or MH students' PCA by year three of the course; and (4) Post registration community nurses did not achieve significantly higher CAS scores than those obtained from post registration community nurse students by Burnard and Morrison (1991).

Discussion and Conclusions: Students possess relatively low levels of patient-centredness. Nurse education appears to have little impact on the development of patient-centredness in students. The findings and their implications for practice and education will be discussed in detail.

Recommended reading list

Burnard, P., Morrison, P. (1991) Client-centred counselling: A study of nurses' attitudes. *Nurse Education Today* vol 1, no 2, pp 104-109.

Nelson-Jones, R., Patterson, C.H. (1975) Measuring the client-centred attitudes. *British Journal of Guidance and Counselling* vol 3, no2, pp 228-236.

Rogers, C. R. (1967) On becoming a person: A psychotherapist's view of therapy. Constable, London.

Biography

My professional practice began with training as a mental health nurse in 1977. I mainly worked as an acute care charge nurse in Teesside, UK. My subsequent academic career has largely been spent educating nurses and other health professionals in research methods. I was awarded my PhD from Durham university in 2010.

My recent publications reflect my current research and practice interests:

Clifton, A. and Banks, D. (2013) 'Social theories informing mental health nursing' In Wright, N. and Stickley, T. (Eds.) *Theories for Mental Health Nursing: A guide for practice* Sage, London.

Banks, D. Clifton, A. Crawshaw, P. and Purdy, M. (2013) Mental health nursing and the management of supervision as a confessional act. *Psychiatric and Mental Health Nursing*.

Clifton, A. Repper, J. Banks, D. and Remnant, J. (2013) Co-producing social inclusion: The structure/agency conundrum. *Psychiatric and Mental Health Nursing*.

Cowan, S. Banks, D. Crawshaw, P. and Clifton, A. (2011) 'Mental health service user involvement in policy development: Social inclusion or disempowerment?' *Mental Health Review Journal*.

MacInnes, D. Ashmore, R. Banks, D. and Flanagan, T. (2010) 'An examination of the factors that influence the publication or non-publication of mental health nursing research: Research Report', 57pp. Burdett Nursing Charitable Trust, London.

Theme: Rising stars - VIPER

2.9.1 Abstract number 440

3:50pm

Barriers to physical activity in obese adults: A systematic literature review

Presenter: Miss Toni McIntosh, MSc Adult Nursing, BSc(hons) Applied Sport Science, University of the West of Scotland, Hamilton, UK

Co-author(s): David Hunter, Scotland, UK; Sue Royce, Scotland, UK

Abstract

Background: Rising rates of obesity are a global healthcare challenge, with multiple implications for individuals' health and health service resources. Physical activity can positively influence weight loss and weight loss maintenance, however levels are low amongst obese individuals.

Aim: To identify the barriers faced by obese individuals which prevent them from engaging with physical activity.

Methodology: A three-step systematic approach was used which began with an initial scoping search, followed by an electronic database search using key words, to identify English language studies conducted between 2010 and 2015, which focussed on barriers to physical activity in the obese population. A reference list search was then carried out to identify any further relevant studies, as well as manual searching of current journal issues. Both quantitative and qualitative studies were included in the review. Papers were assessed for quality using a tool developed by Caldwell et al. (2011) and relevant data extracted.

Results: A total of 17 studies were included in the review, comprised of 11 quantitative, 5 qualitative and one mixed methods study. Several barriers were identified relating to three main themes: physical barriers, psychological barriers and external barriers. Physical barriers included excess weight, poor fitness and health problems. Psychological barriers included weight perception, low mood and lack of motivation. External barriers included lack of time, lack of knowledge and competing demands. Many of the barriers are similar to those reported by the general population, however several were also identified which are unique to obese individuals.

Conclusion: Due to the variety of barriers faced by obese individuals, it is important that nurses treat each person as an individual and identify the barriers perceived by them, in order to provide targeted support to overcome these barriers.

Recommended reading list

Caldwell, K., Henshaw, L. and Taylor, D. (2011) Developing a Framework for Critiquing Health Research: An Early Evaluation. *Nurse Education Today*, 31(8), pp e1-e7.

Biography

I obtained my first degree, a BSc in Applied Sport Science, from Edinburgh University in 2002. Since then, I have held a variety of positions in the sport and fitness industry, as well as competing in elite level athletics. I completed my MSc in Adult Nursing at the University of the West of Scotland in October and will graduate this summer. I recently received my PIN and am looking forward to beginning my first position as a staff nurse next month. I have a strong interest in research and since completing my course I have been employed on a temporary basis by the RCN as a research assistant. I aim to develop my career as a clinical academic as I strive to improve the patient experience through an increase in knowledge and understanding. My primary interest is health promotion, particularly the physical and mental health benefits of physical activity. I continue to compete at a high level in running and cycling, however I am passionate about promoting the benefits of physical activity as widely as possible. The above research was undertaken to fulfil my MSc dissertation.

2.9.2 Abstract number 461

4:20pm

Enhancing placement experiences of nursing students: preparing students for practice.

Presenter: Miss Gina Williams, BSc Biomedical Science & current BNurs undergraduate, Student nurse, University of Manchester, Manchester, UK

Co-author(s): Williams, G., Cooper, J., Cooke, M., Griffiths, J.

Abstract

Introduction: Peer learning partnerships support first year students during their transition to practice whilst preparing more experienced students for preceptorship, registered practice and eventually mentorship by improving self-confidence (Christiansen, Bell, 2010)

Method: A working group of students representing Adult, Mental Health and Child fields provide a source of peer support to succeeding cohorts (Dennison, 2010). Supported by academic staff and a grant, the primary aims were to improve nursing preparation, address concerns about practice placements students had identified, maximise learning opportunities and signpost individuals to available sources of support in a group context (Sprengel; Job, 2004).

Result: The 'Placement Enhancement Project' created a reflective blog, professional quality video materials and printable guides; adapting university guidance and developing specific user-focused material to create student-related publications, bridging the gap between practice

and university experiences. This poster explores this process of preparation of nursing students for practice experience, critically reflecting on current literature and policy and presents the responses to the pilot launch of this project and a project evaluation. Outcomes showed 74% of respondents felt there was a dearth of information about specific placement areas and learning opportunities; reflective blogs by experienced students were launched in response. Respondents were also asked methods they used to access more information to prepare for practice, topic requests and qualitative feedback on the project. The responses were used to guide future materials.

Conclusion: The project encouraged collaboration between academic staff and students, enabling staff insights into undergraduate BNurs student experiences and evidencing benefits of peer learning and support. This project would inform the development of the future nursing workforce by utilising the untapped potential of on-line peer learning networks; increasing satisfaction and developing leadership skills of volunteer students, whilst aiming to improve retention of new students by reducing anxieties and social isolation regarding novel practice experiences.

Recommended reading list

Christiansen, A. & Bell, A. (2010) Peer learning partnerships: exploring the experience of pre-registration nursing students. *Journal of Clinical Nursing*, 19(5-6):803-810

Dennison, S. (2010) Peer Mentoring: Untapped Potential. *Journal of Nursing Education*, 49(6):340-342

Sprengel, A. & Job, L. (2004) Reducing Student Anxiety by Using Clinical Peer Mentoring With Beginning Nursing Students. *Nurse Educator*, 29(6):246-250

Biography

Gina Williams is a current undergraduate BNurs student; in her final year on the Adult Nursing course she has been involved in the 'Placement Enhancement Project' team and the creation of the accompanying booklet for new students. A previous Biomedical Sciences graduate, she has a background interest in research and hopes to continue this upon qualifying this September; combining research with clinical practice. She would also like to acknowledge the continuing hard work and support from the rest of the team and hopes the project can continue and develop over the coming years to help future generations of nurses begin their journey in nursing.

Concurrent session 3

Wednesday 6 April 15.50 - 16.45

Theme: Rising stars

3.1.1 Abstract number 226

4:20pm

Italian nurses' driving force to influence health policy

Presenter: Dr Alessandro Stievano, PhD Nursing, Centre of Excellence for Nursing Scholarship, Rome, Italy

Co-author(s): Dyanne Affonso, USA; Rosaria Alvaro, Italy; Laura Sabatino, Italy; Gennaro Rocco, Italy.

Abstract

Background: A goal of the Italian Regulatory Board of Nursing -IPASVI Rome- that established a Centre of Excellence for Nursing Scholarship (CoENS),¹ was to influence health policy via a new infrastructure for nursing programmes and initiatives. This study identified the challenges and opportunities for Italian nurses in their quest to have health policy implications of its CoENS programmes.

Aims: To explore Italian nurses' perceptions of the critical reforms that impacted nursing's goal to influence health policy.

Methods: A qualitative study via focus groups explored Italian nurses' perceptions through a purposive, convenience sample of 66 nurses during December 2012 - July 2013. Study participants included a cross-section of nurses between 22-65 years old with varying levels of education, different working roles and clinical experience.

Results: Three themes included metaphors² that elucidated health policy implications. 'Deductive Jungle', used to communicate difficulties in clinical decision-making and implicated nursing autonomy and responsibility issues. 'Leopard Spots' was a way to convey resistance to changes (e.g. dominance of old ways of thinking) and implicated health policy that underpinned ongoing nursing reforms. 'Vortex' depicted nurses' turbulence from overwhelming changes, which involved health policy supports of the Ministry of Health to further nursing as a bona fide health profession.

Discussion: These metaphors disclosed powerful images of conflict and struggle particularly among clinical nurses. Essential changes had to be fueled via health policies at the local and national levels, inclusive of the Italian Ministry of Health and Education.

Conclusions: The reality of nurses continued devaluation from a lack of recognition and low

levels of autonomy necessitated health policy resolutions that are currently underway and are fostered by the new CoENS.

Recommended reading list

Boyer, E. L. (1990) *Scholarship reconsidered: Priorities of the Professoriate*. San Francisco: Josey-Bass.

Carpenter, J. (2008) 'Metaphors in qualitative research: Shedding light or casting shadows?'. *Research in Nursing & Health*, vol 31, no 3, pp 274-282.

Biography

Alessandro Stievano is currently research coordinator of the Centre of Excellence for Nursing Scholarship of IPASVI Rome - Italy. He is also a post-doc researcher for Tor Vergata University - Rome - Italy and Adjunct Assistant Professor for Michigan State University USA.

The Centre of Excellence for Nursing Scholarship is a novel project of the IPASVI Nursing College of Rome - Italy. The Centre represents a unique venture for Italy, and one of the first to be set up in Europe, in line with the positive experiences matured in this direction in the United States, which will definitely contribute to the development of competences and enhance performances of both individual professionals and healthcare teams committed to providing care to people.

The ultimate aim is to fathom the world of nursing research to improve the quality of care provided to the public and public's perception of the nursing profession.

3.1.2 Abstract number 267

2:55pm

The emergency nurse practitioner role - thirty years on: a pilot study

Presenter: Mrs Sue Bagley, RGN, Dip. H.E. (Teaching and Learning in Practice), MSc Advanced Practice, NHS Lothian, Emergency Department, Edinburgh Royal Infirmary, Edinburgh, UK

Abstract

Background: The Emergency Nurse Practitioner (ENP) role began in the United Kingdom (UK) in 1984. ENP roles have expanded in number and scope of practice since, although

it is unclear as to whether this is a deliberate strategy or due to socio-political factors: a reduction in the working hours of junior doctors (NHS Management Executive, 1991) and Government targets (DOH 2000, Scottish Government 2007) and increased ED attendances.

Aims: To explore ENPs' perceptions of their changing role, catalysts for change and educational needs which might prepare them for this role and whether these needs are being met.

Design: A qualitative, phenomenological study was utilised to study responses from experienced ENPs working in Emergency Care environments.

Methods: A purposive sample of ENPs in NHS Lothian, six semi-structured interviews. Exclusion criteria were subjects working with the researcher, practitioners from a non-nursing background and ENPs in roles less than three years. Inclusion was any ENP in post for a minimum of three years. Colaizzi's method of data analysis was utilised for analysis of findings.

Discussion: The ENP role has expanded in number and scope of practice. Factors influencing this were cited as increased attendances, government targets, increased acceptance and support and ENPs desire for expansion.

Conclusion: Three themes emerged; Continuing Professional Development, medical support and role expansion. ENPs reported expansion of role due to increased attendances and fewer doctors in training posts. The level of support from senior medics had a direct influence over practice development. Difficulties making time for CPD were cited by all. It was a small pilot study, to identify emerging themes for development of a larger study over a wider geographical area, to ascertain whether the findings are consistent around the UK, and develop recommendations for future practice.

Recommended reading list

NHS Management Executive (1991) *Junior Doctors- the new deal*. (Calman report). Department of Health, London.

Department of Health (2000). *The NHS Plan. A Plan for Investment. A Plan for Reform*. London Stationary office

Scottish Government (2007). *Better Health, Better Care: Action Plan*. www.scotland.gov.uk/publications/2007/12/11103453/1 accessed April 2014

Biography

Sue Bagley is the Clinical Lead for the Nurse Practitioner Service in the Emergency Department at Edinburgh Royal Infirmary, where she has worked for the last nine years. She began her career as a nurse practitioner in 1998, working in a nurse-led minor injuries unit in England. In 2003, she was appointed team leader for the 'Minor Injuries Community Outreach Team', having established the team two years before. The team was a new innovation utilising unscheduled care funding and nurse practitioner expertise to prevent unnecessary hospital admissions over the winter months. The team achieved the Innovations Award in 200x by the Community Hospital Association, and the team went on to secure permanent funding.

Sue graduated in July 2015 with an MSc in Advanced Practice. Her presentation is the research study which was the focus of her dissertation.

Theme: Mixed methods

3.2.1 Abstract number 399

3:50pm

How do young adults (19-24 years old) living with cancer experiences supportive care?

Presenter: Dr Louise Soanes, DNurs. MSc. BSc., The Royal Marsden NHS Foundation Trust, Sutton, UK

Abstract

Introduction: Cancer in young adulthood is rare (CRUK 2015). Soon after diagnosis the psychosocial consequences of cancer on young adult's developing personal biography are largely unknown (Zebrack 2011). Therefore the organisation and delivery of supportive cancer care in this context has a limited evidence base. This presentation will explore the methodology, methods, findings and implications for practice of a multi-centred study into the experience of supportive cancer for young adults with cancer.

Aim and Objectives: This work sought to understand how young adults recently diagnosed with cancer identified their supportive care needs and how they perceived and defined the care required to meet these needs. The primary objective was that research outcomes would add to the current body of knowledge and influence practice development in this area.

Methods: Using constructivist grounded theory (Charmaz (2014) data were collected through in-depth interviews, with eleven young adults. Sampling strategies included purposive and theoretical techniques. Data were analysed concurrently through open and focused coding and the constant comparative method. The use

of theoretical coding and memoing allowed for the construction of the final substantive theory.

Results: The interpretation of identified categories was that young adults saw the purpose of supportive care to be the protection of their developing adult identity. Translating a critical situation, and the threat it posed to their planned biography, young adults sought self-agency within social and professional supportive care to retain their adult identity. Participation was congruent with the social context of their life-stage, and fluid across internal strategies and use of the external resources.

Conclusion: To continue young adults' transitional tasks of young adulthood and to heed their desire for personal agency the structure and delivery of care in this context should be considered in future organizational development.

Recommended reading list

<http://www.cancerresearchuk.org/health-professional/cancer-statistics/teenagers-and-young-adults-cancers> accessed 16.11.2015

Zebrack, B. (2011) Psychological, social, and behavioral issues for young adults with cancer. *Cancer*, 117(S10), 2289-2294.

Charmaz, K. (2014) *Constructing grounded theory*. Sage. Thousand Oaks. CA

Biography

Louise Soanes is the Teenage Cancer Trust Nurse Consultant for Adolescents & Young Adults at the Royal Marsden Hospital, London, UK. Since qualifying she has worked with children, teenagers & young adults with cancer in a variety of clinical settings and institutions and in an academic post at London South Bank University. She has written and lectured widely on CTYA cancer nursing, authored two text-books, and written several publications. Louise is a reviewer for *European Journal of Oncology Nursing* and the *British Journal of Nursing*.

Louise's research interests and clinical work focuses on survivorship, self-management and patient advocacy. Whilst her professional leadership roles include regional/national strategy and policy to ensure healthcare meets the health and social care needs of adolescents and young adults with cancer.

3.2.2

Abstract number 214

4:20pm

Parental decision-making about nasal flu vaccine for children

Presenter: Ms Phoebe Mouldsdales, MPH, BNurs (hons) child branch, UH Bristol NHS Foundation Trust, Childrens Research Team, Bristol, UK

Co-author(s): Aimee Grant, UK; Margaret Fletcher, UK; Adam Finn, UK

Abstract

Background: There are ongoing changes to the recommendations for flu vaccine in the UK. Nasal flu vaccine is now offered to children from age 2 reaching up to higher age groups each year. This will provide direct protection to immunised children, but also provide herd protection to those of all ages including those who are vulnerable to serious consequences of flu infection. There is little UK research examining how parents view flu illness and if they will support this vaccine programme.

Aim: To explore parents' perceptions of flu illness in children and why they decide whether to accept or decline nasal flu vaccine for their child.

Methodology: The research adopted a mixed-methods approach. First, a survey was distributed to all parents of children in one primary school. Second, 10 survey respondents were recruited for in-depth semi-structured interviews. Themes that emerged from the survey were used to structure the interview including: general views on vaccination; risk and side effects; flu illness; herd protection, information and trust.

Results: 91% (n=78) of parents sampled in 2014 were in favour of routine vaccinations and 93% (n=80) responded that their child's vaccines were up to date. However, only 47% of the parents were 'in favour' or 'very much in favour' of the flu vaccine. From the interviews, the differences between parents in favour and not in favour of the universal nasal flu vaccine programme surrounded the concepts of trust, community responsibility, controllability and the perception of risk.

Conclusion: This study has demonstrated that parents who are typically supportive of vaccination may have doubts about the necessity of flu vaccine for their child. This may reduce uptake and undermine the programme. The implications of this research have highlighted the need for clear, accessible and transparent communication between health authorities and the public, to build trust.

Biography

Phoebe graduated from The University of Birmingham in 2005 in Childrens Nursing. After working on the Liver Unit at Birmingham Childrens Hospital, Phoebe left to work with

Medicins Sans Frontieres on the Ethio-Somali border. On return to the UK, she settled in Bristol, working in the PICU at Bristol Royal Hospital for ChildDren. Keen to pursue her interests in infectious diseases, immunology and public health, Phoebe then took up a clinical research nurse position working mostly on vaccination trials and immunology studies. During this time Phoebe completed her Masters in Public Health. Phoebe then became a clinical nurse specialist in immunology and infectious diseases and she now combines specialist nursing and clinical research.

Theme: Mixed methods

3.3.1 Abstract number 111

3:50pm

Epidemiology, incidence and mortality rate of renal failure patients in the northern region of Oman: cross-sectional study results

Presenter: Mrs Ruqiya Al-Za'abi, Nursing and Health Care, University of Glasgow, Glasgow, UK

Co-author(s): Elizabeth Tolmie, Scotland, UK; Ann Marie Rice, Scotland, UK; Nabil Mohsin, Oman; Ahmed Al-Busaidi, Oman

Abstract

Background: The epidemiology of renal failure (RF) in Oman is scarce. There is a paucity of information on the size and burden of RF in Oman. The last prevalence of maintenance dialysis was reported in 2013 (n =1281; population = 3,855,206). No data was available on the incidence, mortality rate (MR) or characteristics of this population.

Aims: To measure the burden, prevalence, incidence and MR among patients who have RF and undergo renal dialysis in four dialysis centres in the North of Oman; and to provide a description of the major characteristics of the studied population.

Methods: A cross-sectional study was conducted. A proportional sample (n = 341) of patients from four Renal Dialysis Centres (RDC) who met the study's inclusion criteria were interviewed using researcher-administered structured questionnaire during October and November, 2014 and patient records were reviewed.

Results: Over the period January 1st, 2014 to December 31st, 2014, the overall incidence was 13 patients per 100,000 (96 patients in total). The prevalence was 52 patients per 100,000 (n=382). MR was four patients per 100,000 (30 patients in total). When asked, patients reported the cause of their RF to be hypertension (n =112; 32.8%); diabetes (n =67; 19.6%); diabetes and

hypertension (n = 44;12.9%) or other causes (n =118 patients; 34.7%). Increased cost and the need for nurses in this field was reported too.

Discussion: Prevalence of maintenance dialysis increased significantly in the four RDCs of the Northern Region of Oman from 322 patients on 31 December 2013, to 382 on 31 December 2014. This equates to a 16% increase. Incidence was higher than MR; therefore, the prevalence and cost were rising. Two third of the patients suggested their cause of RF to be hypertension, diabetes, or both respectively.

Conclusion: The rising prevalence and cost implies the emergent need to reduce the incidence of RF in Oman via adapting an effective screening program.

Recommended reading list

Abboud, O.,2006. Incidence, prevalence, and treatment of end-stage renal disease in the Middle East. *Ethnicity and Disease Journal*, 16(2), pp.S2-2-4.

Department of Health Information & Statistics, Directorate General of Planning,2013. Annual Health Report 2012.[online] Available at: http://www.moh.gov.om/en/nv_menu.php?o=stat/ahr.html [Accessed May 9, 2014]

Hussanien, A., et al., 2012.Epidemiology of end-stage renal disease in the countries of the Gulf Cooperation Council: a systematic review. *Journal of Royal Society of Medicine Sh Rep*, [online] 3(6) doi: 10.1258/shorts.2012.011150. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/22768372> [Accessed May 9, 2014]

Biography

Ruqiya Al-Za'abi is a PhD student at University of Glasgow, college of medicine, veterinary and life sciences, school of nursing. She acquired her master degree from University of Central Lancashire, UK and her Bachelor Degree in Nursing from USA. She has been employed as a nurse tutor since 2003 teaching adult health nursing subjects including renal and urinary relevant topics to nursing students in Oman. Her primary research interest is renal disease, in particular, the challenges facing ESRD patients. Ruqiya hopes to find ways to improve the quality of life and renal services for people with ESRD in Oman and to disseminate the result of her work.

3.3.2

Abstract number 225

4:20pm

Direct patient care in the haemodialysis out-patient unit

Presenter: Miss Alison Wood, RGN, MSc, BN, PhD Student/Staff Nurse, University of Edinburgh, Edinburgh, Edinburgh, UK

Abstract

Background: Direct patient care (DPC) is a term found within the Releasing Time to Care (RTC) programme, part of NHS Scotland's quality improvement strategy for the NHS. One aspect of this programme is to determine the amount of time staff spend providing DPC and explore the ways time is spent on other aspects of care, with the overall aim of increasing time spend delivering DPC. DPC in the RTC programme is regarded as when staff are either at a patient's bed or near the patient (Wright and McSherry 2013). This research has explored the concept of DPC within the haemodialysis out-patient unit.

Aim: To gain an understanding of patient and nursing staff perceptions and experiences of DPC within the haemodialysis unit.

Methods: Data were collected over 9 months through participant observations, interviews and photographs using an focused ethnographic approach (Cruz and Higginbottom 2013). Registered nurses, clinical support workers and patients consented for the observations and photographs, with semi-structured interviews conducted on a smaller purposive sample comprising of 12 patients, 12 registered nurses and 3 clinical support workers.

Results: Thematic analysis of transcribed data uncovered key findings highlighting two distinct and interdependent concepts. The act of care established as being safe, providing comfort and being individual and care giving with DPC identified as being delivered in two ways- actively or passively.

Discussion: Passive care was identified as one of the key findings in this study. It relates to staff being physically visible and available for patients despite not being in close proximity or doing something directly to them. This care still allows patients to feel cared for and staff to feel they are caring for the patients.

Conclusion: This understanding of Passive Care as a term, particularly in this setting, has increased the knowledge on this area.

Recommended reading list

Wright S and McSherry W (2013) 'A systematic literature review of Releasing Time to Care: the Productive Ward'. *Journal of Clinical Nursing*, Vol 22, no 9-10, pp 1361-1371.

Cruz EV and Higginbottom G (2013) 'The use of focused ethnography in nursing research'. *Nurse Researcher*, Vol 20, no 4, pp 36-43.

Biography

Qualifying as a nurse in 2007 from the University of Edinburgh. Gaining clinical experiences in general medicine and renal medicine areas as a Staff Nurse whilst completing a part time MSc in Advancing Nursing Practice also at the University of Edinburgh (2009-2011).

A full time PhD programme began at the University of Edinburgh in 2012 with a plan for completion in early 2016. Currently remaining in a part-time position within haemodialysis as a Staff Nurse.

Theme: Mixed methods

3.4.1 Abstract number 232
3:50pm

Acceptance of mobile learning by German nurses working in elderly care

Presenter: Ms Mathilde Hackmann, nurse, Evangelische Hochschule Soziale Arbeit und Diakonie - Protestant University of Applied Sciences Hamburg, Hamburg, DE

Co-author(s): Katharina Buske, Germany; Birgitt Höldke, Germany

Abstract

Background: Although in Germany long-term care for the elderly is well established for two decades now the quality of services is still an issue for the public. Educational needs of nurses working in elderly care are therefore discussed and mobile learning is seen as a solution for organising continuing education for those nurses. Little is known how German nurses might accept this learning method.

Funded by the Federal Ministry of Education and Research 7 mobile learning modules were developed and tested in 15 organisations of elderly care in different German regions in 2013 and 2014.

Aims: The research team evaluated the acceptance of mobile learning by the managers and the nurses.

Methods: The research design was developed using the model of Koole (2009), an international survey instrument (Liang, Wu, & Tsai, 2011) and German instruments on evaluating workplace issues. 176 nurses completed questionnaires at the start of the learning experience and after they finished it. The managers provided information in personal interviews.

Survey data were analysed by using SPSS 22.0. Content analysis of the interviews was supported by using MAXQDA 11.0.

Results: Only 64 nurses actually enrolled in learning modules. Among these nurses acceptance of the learning method was high. Reported barriers to enrollment were: technical

problems, time limits and lack of support from the managers. The results were supported by the results from the interviews with the managers.

Discussion: The discrepancy between the high acceptance of the learning experience and the high proportion of nurses not enrolling can be explained by the barriers reported by nurses and managers.

Conclusion: International research results on acceptance of mobile learning by nurses (Lahti, M., Hätönen, H., & Välimäki, M. 2014) are confirmed by results from elderly care nurses in Germany.

Recommended reading list

Koole, M. L. (2009) A Model for Framing Mobile Learning, from <http://auspace.athabasca.ca/handle/2149/2016> (retrieved 14.11.2015).

Lahti, M., Hätönen, H., & Välimäki, M. (2014) Impact of e-Learning on nurses' and student nurses knowledge, skills and satisfaction: A systematic review and meta-analysis. *International Journal of Nursing Studies*, 51, pp. 136-149.

Liang, J.-C., Wu, S.-H., & Tsai, C.-C. (2011) Nurses' Internet self-efficacy and attitudes toward web-based continuing learning. *Nurse Educ Today*, 31, 8, pp. 768-773.

Biography

Mathilde Hackmann is a lecturer at the Protestant University of Applied Sciences in Hamburg, Germany. Up to September 2015 she was member of the academic staff at Hamburger Fern-Hochschule, Germany. She qualified as a Nurse in 1980 in Thuine (Germany), gained her first academic degree (Diplom-Pflegepädagogin FH) in Osnabrück, Germany and graduated with an MSc in Nursing and Education from the University of Edinburgh, Scotland in 1998. Her professional background includes various positions in basic and further education for nurses and as an adviser for community nursing.

3.4.2 Abstract number 115
4:20pm

Weaving the patient and carer voice into E-resources to shape values based recruitment

Presenter: Miss Yvette Brown, RN (Mental Health) MSc, PGCE, Coventry University, Faculty of Health and Life Sciences, Coventry, UK

Co-author(s): Arinola Adefila England, UK Pat Bluteau, England, UK

Abstract

Health Education England has issued a directive to develop a workforce not only with the right skills and in the right numbers; but with the right values to support effective team working in

delivering excellent patient care and experience (HEE 2014). One way to achieve this is through Values Based Recruitment, a process whereby individuals are selected based on their ability to demonstrate the values required for the role.

This paper will show how the Faculty of Health and Life Sciences at Coventry University in collaboration with 30 patients and carers used a descriptive qualitative approach with multiple data collection methods that included art, role-play, focus groups and video vox pops to capture patients and carers experiences of care and what they value.

Thematic analysis was used to analyse the data. The resultant key themes shaped the development of two e-resources to inform potential students of what values and behaviours patients and carers believe are necessary to create a collaborative, practice-ready workforce. Our overall aim is to attract pre-registration nursing students with the 'right skills and the right values' to our courses.

The e-resources will be piloted with both current and prospective students to ascertain the impact of the resources on attracting appropriate nursing students to our courses.

Recommended reading list

Health Education England (2014) Values Based Recruitment Framework <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/10/VBR-Framework.pdf>

Silverman, D (2011) Qualitative research. London: Sage Publications.

Waugh, A Smith, D Horsburgh, D Gray, M (2014) Towards a values-based person specification for recruitment of compassionate nursing and midwifery candidates: A study of registered and student nurses' and midwives' perceptions of prerequisite attributes and key skills. *Nurse Education Today* Vol.34(9), pp.1190-1195.

Biography

Yvette Brown is a Cross Faculty Service User and Carer Facilitator providing a strategic direction to strengthen service user and carer engagement within the Faculty of Health and Life Sciences at Coventry University. Personal interests include recovery in mental health, cultural perceptions of mental health and service user and carer involvement in higher education. She has been a mental health nurse for a number of years working in a number of mental health acute and community settings.

Theme: Qualitative approaches

3-5.1 Abstract number 421

3:50pm

The lived experience of newly-qualified nurses in the delivery of patient education in an acute care setting.

Presenter: Miss Karen Fawkes, MSc BSc RN PGCE FHEA, Florence Nightingale Faculty of Nursing & Midwifery King's College London, London, UK

Co-author(s): Jaqualyn Moore

Abstract

Background: Globally, an increase in chronic disease prevalence, an aging population and shortened in-patient length of stay render imperative the nurse's ability to provide patient education to support self-management. Pre-registration curricula are designed to prepare the newly-qualified nurse for their role across the healthcare landscape, yet novice nurses report feeling unprepared for the role of educator (Ivarsson & Nilsson 2009).

Aim: The study aimed to explore the lived experience of newly-registered adult nurses in the delivery of patient education in acute care. **Method:** Using the qualitative approach of Interpretative Phenomenological Analysis semi-structured interviews generated data on the lived experience of newly-qualified nurses in providing patient education (Smith et al 2009). Seven adult nurses formed a purposive sample recruited at one central London hospital between April and June 2015.

Findings: Three super-ordinate themes were identified, each with three to four sub-themes. The Professional Self encompassed nursing knowledge, skills and values, accepting role responsibility for patient education, whilst identifying lack of clinical knowledge and pedagogical skill as inhibitors. The Ward Environment incorporated time pressures, heavy workloads, structural and organisational constraints and occasional colleague hostility as barriers to successful pedagogy whilst collaborative pedagogical practice with other healthcare professionals and availability of resources were enablers. The Nurse-Patient Relationship emphasised the importance of the interpersonal relationship in 'knowing the patient' whilst highlighting the practical challenges some patients present.

Conclusions: The findings suggest that, whilst the newly-qualified nurse has the values and attitudes needed for patient education, an awareness of pedagogy is poorly developed. The formation of core pedagogical skills should be embedded in pre-registration curricula, promoting practical strategies for the challenges of clinical practice. Managers should create a pedagogical climate with an expectation that patients will be educated, with support provided for newly-qualified nurses during their precep-

torship period to allow development of pedagogical skills.

Recommended reading list

Ivarsson B. & Nilsson G. (2009) The subject of pedagogy from theory to practice: the view of newly registered nurses. *Nurse Education Today*, 29: 5, 510-515.

Smith J.A., Flowers P. & Larkin M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Biography

Having qualified as an adult registered nurse in 1987, my nursing career has been spent predominantly in the acute care setting. The greater part of my career was spent working in a vascular surgery unit, a tertiary referral centre, caring for the broad spectrum of patients who make up this speciality. An interest in nurse education and development led to a post as a practice development nurse working with qualified staff to promote skill development to improve care quality. A later role as lecturer-practitioner in vascular surgery involved setting up and running a validated and accredited level 6 & 7 course for nurses on Introduction to Vascular Care. Leaving acute care, I have, for the last two years, worked as a clinical teacher in a large Central London faculty of nursing, promoting skill acquisition in pre-registration nursing students. Studying for my MSc in Education for Healthcare Professionals I chose to carry out an empirical study for my dissertation, examining how novice nurses perceive patient education.

3-5.2 Abstract number 416

4:20pm

Identifying the elements of an intervention to foster partnership working between older people's friends and family and direct nursing care staff during a hospital stay

Presenter: Dr Caroline Nicholson, King's College London, Florence Nightingale Faculty of Nursing & Midwifery, London, UK

Co-author(s): J Maben, UK, E Ream, UK, Hicks, A, UK, Handley, A, U.K., Romero, D. U.K. J Fitzpatrick, U.K.

Abstract

Background: The fundamental importance of continuity of care for older people during acute admissions is highlighted by the Kings Fund(1). Continuity is the degree to which a series of discrete health care events is experienced as coherent and connected and consistent with the patient's needs and personal context. Partnerships with friends and family(carers),

is cited as a key intervention to ensure continuity of care particularly, during transitions in and out of hospital. However evidence suggests carers struggle to be involved during a hospital admission(2).

Aims: 1. Identify the facilitators and barriers to carer partnership working in acute medical wards for older people

2. Identify the essential elements of an intervention to foster carer/staff partnership working in acute medical wards for older people

Methods: A combination of participant observation across two acute wards in London (n=152 hours), interviews with patients(n=10), carers(n=11) and focus groups(n=2) with nursing staff was used. The COM-B Model of behavioural change(3), was employed as a theoretical framework within which data was coded and analysed. Emergent data was iteratively discussed with a stake holder group including direct care nurses, carers, organizational change experts and members of the research advisory board.

Results: Key areas for intervention development were: 1) identification and early connection with carers on admission, 2) confidence and skills of nurses, 3) organisational cues and support to foster partnership working and 4) organisation and of nursing work which often mitigated against partnership working with carers. An intervention mapping exercise forwarded analysis and assisted in the identification of possible outcome measures.

Conclusions: COM-B argues that 3 components: competency, opportunity and motivation all need to be present for behavioural change to occur. Using this framework to analyse the data moved intervention. development from a sole focus on individual competency to encompassing systemic and motivational elements to support changing behaviour in practice.

Recommended reading list

Cornwell J, Levenson R, Sonola L, Poteliakhoff E (2012). Continuity of care for older hospital patients, a call for action. London King's Fund

Lowson E, Hanratty B, Holmes L, et al.(2013) From 'conductor' to 'second fiddle': Older adult care recipients' perspectives on transitions in family caring at hospital admission. *International Journal of Nursing Studies*. 50: 1197-205.

Michie S, van Stralen MM and West R.(2011) The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science*. 6: 42.

Biography

Caroline is a NIHR postdoctoral research fellow at the National Nursing Research, within the Florence Nightingale Faculty of Nursing and Midwifery at King's College London. She has over 20 years experience in the NHS, as a clinical nurse specialist in palliative care and academic in end of life care, including 8 years as a practice near researcher. Her doctoral and post-doctoral work has explored the experiences of older

people in primary and institutional care settings and developing interventions to facilitate the healthcare workforce to deliver compassionate and responsive care. She has a long held interest in the experience of frail older people and the capacities as well as the frailties of living in late old age. This undeveloped and vital area of research has led to an increasing interest in the (re)development of care systems to recognize, facilitate and enhance the processes and products of dignified, supportive nursing care.

Theme: Qualitative research

3.6.1 Abstract number 175

3:50pm

Research leadership: a longitudinal study of the nursing and midwifery professoriate

Presenter: Mr Dave O'Carroll, BA(Hons), Information and Communications Manager, Royal College of Nursing, London, UK

Abstract

The numbers of healthcare professionals registered on the Nursing and Midwifery Council holding a substantive professorial position in the UK may serve as a proxy indicator of the development of research leadership within the professions, particularly when compared with cognate professional groups. Previous surveys were conducted in 2013, 2009, 2005 and 2003 (O'Carroll 2013).

The survey was repeated in 2015, with an additional question on whether respondents identified themselves as being in a clinical academic role. In preparation for the 2015 census, the 2013 dataset was reviewed, cleansed and updated using institutional websites as the primary data source. The questionnaire was subsequently sent by email to all known nurses and midwives holding a chair in the UK (n=260). A reminder email was sent to non-respondents 3 weeks after the first communication. The survey was conducted in September 2015; a 75% response rate was achieved.

Responses were benchmarked against the previous surveys and the geographical distribution of the 2015 professoriate charted. Joint appointments between a University and NHS Trust were identified alongside the number of people working in a clinical academic role. Age range, gender and ethnicity profiles were compared to previous surveys and the nursing workforce as a whole.

This presentation will provide a comparative longitudinal analysis and present new baseline data on the UK nursing professions' professoriate workforce. It will discuss these findings within the context of recent research policy initiatives to develop a critical mass of research

capability and clinical academic leaders (HEE 2015; AUKUH 2014). In addition, the numbers of nursing and midwifery chairs and the diversity of this leadership group will be considered within the wider context of the nursing and midwifery professions at large and in comparison to the medical professoriate.

Recommended reading list

O'Carroll (2013). Trends in the UK nursing professions' professoriate over the last ten years (presentation given at the RCN 2014 research conference)

Health Education England (2015) Clinical Academic Careers Framework: A framework for optimising clinical academic careers across health professions, HEE, London

AUKUH (2014) Clinical Academic Careers Pathway Capability Framework, AUKUH, London

Biography

Dave O'Carroll has worked for the Royal College of Nursing for 18 years. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies. Throughout his career at the RCN, Dave has worked to promote the value of nursing research to support high quality patient care and improve practice. He wants to make it easier for nursing staff to use knowledge in practice and policy making, to know what knowledge is available and how they can access and contribute to it.

3.6.2 Abstract number 85

4:20pm

An analysis of nursing impact case studies in REF 2014

Presenter: Professor Julie Taylor, PhD; RN; MSc; BSc (Hons); RNT; FRCN, Professor of Child Protection, University of Birmingham, Birmingham, UK

Co-author(s): Daniel Kelly, UK; Bridie Kent, UK; Ann McMahon, UK; Michael Traynor, UK

Abstract

Background: The UK's research excellence framework (REF) 2014 rated the research from 154 universities. For the first time, the impact of research was evaluated in 6975 impact case and nursing was not assessed separately. Unit of Assessment (UoA) 3 covered research in Dentistry, Pharmacy, Allied Health Professions and Nursing, although nursing research was also submitted within other UoAs. Users were central in leading the assessment of impact case studies.

Aims: To analyse REF impact case studies to categorise the range of direct and indirect impact cases that could be traced back to nursing.

Methods: 460 entries were retrieved from the REF database. Category 1 indicated research

undertaken by a team containing at least one nurse and concerned with the practice of nursing; 2 where the research was on the practice of nursing, but where nurse representation was not obvious; 3 where the impact was either of no relevance to nursing or was relevant to healthcare generically. All case studies were interrogated by category and coded thematically for topic and type of impact.

Results: 80 diverse impact case studies were submitted by nurses. Submissions were across 11 UoAs, the majority in UoA3 (n = 52). A further 55 revealed relevant impact, but nurses did not have an obvious leadership role. 226 case studies described healthcare practice impact that could impact significantly on the profession, but were not associated specifically with the discipline.

Discussion: Nursing research has demonstrable impact. There is a significant body of research that could have relevance for nursing but was not presented as such. There are implications for nursing in working with users to capture nursing research impact.

Conclusion: There is a hidden impact of nursing that needs to be illuminated. This study offers unique insights into the current state of nursing research impact.

Recommended reading list

Greenhalgh, T. and Fahy, N. (2015) Research impact in the community-based health sciences: an analysis of 162 case studies from the 2014 UK Research Excellence Framework. BMC Medicine 13:232

Higher Education Funding Council for England. 2014 REF: Assessment framework and guidance on submissions. Panel A criteria. London (REF 01/2012): HEFCE; 2012.

Penfield T, Baker MJ, Scoble R, Wykes MC. Assessment, evaluations, and definitions of research impact: a review. Research Evaluation. 2013. rvt021. doi: 10.1093/reseval/rvt021.

Theme: Mixed methods

3.7.1 Abstract number 52

3:50pm

Determinants of place of delivery among women of reproductive age seeking child welfare services in Kandara Subcounty - Murang'a County

Presenter: Muya Daniel Gachathi, Masters Of Science In Nursing (Midwifely), Nurse, Ministry Of Health Murang'a County Government, Nairobi, Kenya

Co-author(s): Dr Rosemary Okova, Kenya. Ms Fransisca Mwangangi, Kenya

Abstract

Introduction: Worldwide, half a million women die annually from pregnancy and childbirth related complications. Over 90% of deaths occur in developing countries, (Oguntunde et al., 2010). KDHS 2014 indicates Maternal Mortality Rate (MMR) of 488/100,000.

In Kenya 43% of births occur in health facilities, while 56% occur at home (KNBS 2010). In Kandara Sub-County, 1,315 (35%) skilled deliveries were reported in 2014. Skilled assistance during childbirth is central to reducing MMR (KDHS 2009).

Methodology: Mixed study design was used. Kandara Sub County in Murang'a County was the study area. The target population were Women of reproductive age (18-49 years).

Inclusion criteria - Mothers who had delivered within the last 1 year and of sound mind.

Dependent variable

- Place of delivery.

Independent variable;

- Socio-demographic characteristics
- Level of knowledge on safe-motherhood
- Attitude toward health facility delivery
- Accessibility to maternity.

Sample size of 352 mothers was calculated using the Fishers et al., 1998 formula.

Data was collected using questionnaire and key informant interview, analyzed using descriptive and inferential statistics and findings presented in form of tables, graphs and pie charts.

Findings: Women with high education level (48.9%) delivered in hospitals. 80% of married women delivered in hospital. 39.3% of the women were not employed and relied on their husband for financial support. 56.7% of women claimed lack of information on services offered in hospitals. Lack of satisfaction with service delivery, were barriers to health facility delivery.

Long distances to hospitals. High travelling costs also discouraged most 77% women to deliver in hospitals. Poor infrastructure, roads encouraged most 45.2% women to deliver at home.

Discussion and Conclusion: There is significant positive effect on choice of place of birth and Socio-demographic characteristics ($p = 0.034$), Knowledge on safe delivery ($p = 0.047$) and Accessibility to delivery services ($p = 0.049$). however, Attitude towards health facility delivery ($p = 0.050$) did not show any significance.

Biography

Name-Daniel Muya Gachathi

Tumutumu Hospital 2001-2004 Certificate (Echn)

Egerton University 2006-2009 Diploma (Krchn)

Egerton University 2010-2012 Degree (Bscn)

Mount Kenya University 2013-2015 Masters Degree (Mscn)

3.7.2 Abstract number 234

4:20pm

Workforce implications and staff and patient experiences of 100% in patient single room accommodation

Presenter: Professor Jill Maben, SRN; BA (Hons); MSc; PhD, Florence Nightingale Faculty of Nursing and Midwifery, King's College, London, UK

Co-author(s): Peter Griffiths, UK, Clarissa Penfold, UK, Michael Simon, Switzerland, Janet E Anderson, UK, Glenn Robert, UK, Elena Pizzo, UK, Jane Hughes, UK, Trevor Murrells, UK, James Barlow, UK.

Abstract

Background and objectives There have been few evaluations in the UK of single room accommodation and its impact on staff and patients. Most current evidence derives from the USA and Scandinavia (1). The building of a new Hospital with 100% single rooms provided the opportunity for a before and after natural experiment. We report the impact of all single rooms on staff and patient experience; and highlight the workforce implications.

Methods: Mixed methods pre/post 'move' comparison within four nested case study wards in a single acute hospital with 100% single rooms; 249 hours of observation; 55 nursing staff surveys pre and post and interviews with 24 nurses and 32 patients pre and post data are reported. Data were collected in the new hospital between September 2012 and June 2013.

Results: Nurses noted improvements in the new build (patient comfort and confidentiality; staff break rooms and central clinical facilities), but single rooms were worse for visibility, surveillance, teamwork, monitoring and keeping patients safe. Nursing staff walking distances increased significantly post move. Two-thirds of patients expressed a preference for single rooms

with comfort and control outweighing any disadvantages (sense of isolation) felt by some. Patients appreciated privacy, confidentiality and flexibility for visitors afforded by single rooms. Nurse staffing was increased (2) and there was disruption and reconstitution of work patterns, often through trial and error.

Conclusions: Staff needed to adapt their working practices significantly and felt unprepared for new ways of working with potentially significant implications for the nature of teamwork in the longer term. Two thirds of our sample of patients preferred single rooms; eighteen per cent of staff in our survey preferred them to open bays. Hospital accommodation that might suit both staff and patients will be discussed (3).

Recommended reading list

Maben J, Griffiths P, Penfold C, et al. Evaluating a major innovation in hospital design: workforce implications and impact on patient and staff experiences of all single room hospital accommodation. *Health Serv Deliv Res* 2015;3:304. doi:10.3310/hsDro3030

Hurst K. UK ward design: patient dependency, nursing workload, staffing and quality-an observational study. *Int J Nurs Stud* 2008;45:370-81.

van de Glind I, de Roode S, Goossensen A. Do patients in hospitals benefit from single rooms? A literature review. *Health Policy* 2007;84:153-61. doi:10.1016/j.healthpol.2007.06.002

Biography

Professor Jill Maben is a nurse and social scientist in the Florence Nightingale Faculty of Nursing and Midwifery at King's College London. Jill's research focuses on the health-care workforce, particularly the quality of the work environment and the effects of these on patient care quality and experience. Jill recently completed a national research study in the UK examining the impact of 100% single rooms in hospital on patient and staff experience and care quality outcomes.

In 2013 Jill was in the Health Services Journal 'Top 100 leaders' and their inaugural list of Most Inspirational Women in Healthcare. Jill was awarded an OBE in June 2014 for services to nursing and healthcare.

Theme: Interviewing

3.8.1 Abstract number 356

3:50pm

'Just another knee': Perceptions of treatment decision making and self-management for working age people with symptomatic knee osteoarthritis

Presenter: Dr Karen Gillett, RGN, PHD, MSC, King's College London

Florence Nightingale Faculty of Nursing and Midwifery, London, UK

Co-author(s): Jaquelyn Moore, England, UK, Lindsay Bearne, England, UK, James Galloway, England, UK, Heidi Lempp, England, UK

Abstract

Background: Knee osteoarthritis is the most common cause of disability in the UK with pain, stiffness, joint deformity and mobility problems having a substantial impact on quality of life (NICE, 2014). Although associated with the elderly it affects about 25% of people aged 45 years and over (Arthritis UK, 2014). The NICE (2014) guidelines for osteoarthritis advocate 'a therapeutic relationship based on shared decision-making' and suggest that this approach encourages self-management, reduces reliance on medication, and empowers people.

Aim: To explore the experience and perceptions of working age people with symptomatic knee osteoarthritis in relation to (i) treatment decision making, and (ii) self-management.

Methods: Semi structured interviews were conducted with 15 working age people with a symptomatic, radiographically diagnosed knee osteoarthritis. Recruitment targeted participants from different health service providers. Interviews took place between February and July 2015 and data were analysed using the framework approach (Richie and Lewis, 2003). Initial findings were presented to a focus group for member checking (n=5).

Results: Participants felt their worlds were gradually shrinking, as worsening symptoms limited their ability to take part in previously enjoyed activities. They reported negative effects on health, work, social activities, and quality of life. All participants required knee replacement surgery, but only two were currently on a waiting list. The others were considered 'too young' for surgery. They reported uncertainty about treatment decisions/self-management options.

Discussion: Participants received minimal support from health professionals. They were keen to access information for themselves but the lack of evidence base for many self-management options left them uncertain about the best approach to take.

Conclusion: A greater focus on shared decision making for working aged people with knee osteoarthritis could empower patients and reduce treatment/self-management uncertainty. Empowering people to self-manage with confidence may lessen the negative effects of living with knee osteoarthritis.

Recommended reading list

Arthritis Research UK (2014) What are the symptoms of osteoarthritis of the knee? <http://www.arthritisresearchuk.org/arthritis-information/conditions/osteoarthritis-of-the-knee/symptoms.aspx> (accessed: 13.06.2015).

National Institute for Health and Care Excellence (NICE) (2014) Osteoarthritis Care and management in adults: Clinical Guideline CG177 - Methods, evidence and recommendations at <http://www.nice.org.uk/nicemedia/live/14383/66524/66524.pdf> (accessed: 13.06.2015).

Ritchie, J. and Lewis, J. (2003) Qualitative Research Practice, SAGE: London.

Biography

Karen is lecturer in Adult Nursing in the Florence Nightingale Faculty of Nursing and Midwifery at King's College London. Her research interests include patient perceptions of treatment decision making and self management.

3.8.2 Abstract number 301

2:25pm

The liminal self in people with multiple sclerosis: an interpretive phenomenological exploration of the experience of being diagnosed with multiple sclerosis.

Presenter: Dr Karen Strickland, PhD RN, Robert Gordon University, Aberdeen, UK

Co-author(s): A. Worth & C.M. Kennedy

Abstract

Objective: This study aimed to explore the lived experience of the meaning of being diagnosed with Multiple Sclerosis on the individual's sense of self.

Design: In-depth qualitative interviews were conducted with 10 people who have been recently diagnosed with MS. Of these 8 were female and 2 were male. All interviews were conducted between December 2008 and March 2010. All interviews were transcribed verbatim and were analyzed using interpretative phenomenological analysis.

Results: This paper presents the three master themes: the 'road for diagnosis', 'The liminal self' and 'Learning to live with MS'. We found that the diagnosis of MS may be conceptualized

as a 'threshold moment' where the individual's sense of self is disrupted from the former taken-for-granted way of being. We have developed a framework which articulated the transition, drawing from the concept of the liminal self.

Conclusion: The findings highlight the need for health care professionals who support people affected by a new diagnosis of MS to consider the impact of the diagnosis on the individual's sense of self. The conceptual framework which has been developed from the data presented in this paper, provides a new way of understanding the lived experience of those affected by a new diagnosis of MS and offers a framework to guide health care professionals in the provision of supportive care around the time of diagnosis.

Recommended reading list

Bury, M. (1982) Chronic illness as biographical disruption. *Sociology of Health and Illness*, 4(2), 167-183.

Smith, J. A., Flowers, P., & Larkin, M. (2009) *Interpretative Phenomenological Analysis. Theory, method and research*. London: SAGE Publications.

Turner, V. (1964) *Between Sex and Gender: The Liminal Period in Rites de Passage*. The Proceedings of the American Ethnological Society (pp. 4-20).

Biography

Karen is Associate Head of School in the School of Nursing and Midwifery. As a registered nurse and academic Karen has conducted a number of research studies in her career related to cancer and chronic conditions. This work presents the findings of her recently completed doctoral study.

Concurrent session 4

Thursday 7 April 10.10 - 11.05

Theme: Interviewing

4.1.1 Abstract number 287

10:05pm

Causes of ATtention in CHILDrens NursinG (CATCHING) study

Presenter: Dr Stephen McKeever, R.G.N, RN (Child), Dip.Trop.Nurse, ENB 415, BSc.(Hons), Ph.D., Department of ChildDren's Nursing, London South Bank University, London, UK

Co-author(s): Dr. Lisa Whiting, UK; Dr. David Anderson, UK; Dee Anderson, Dr. Alison Twycross, UK

Abstract

Background: Professional, financial and ethical reasons require nursing to gain an increased understanding of student nurse attrition (Urwin et al. 2010). Attrition has been previously identified as multifactorial (Orton 2011). Further work is required to understand its complexities. Few previous studies have specifically focussed on childDren's nursing or been conducted following introducing degree based courses to England.

Aim: To explore causes of attrition from pre-registration childDren's nursing courses across four London universities

Methods: Following University research ethics approval, an exploratory mixed methods study was conducted. To understand attrition rates and yearly variation, three years' data were obtained from a centrally collated portal. Attrition causes were explored through 1:1 semi-structured interviews with participants who had faced challenges and either 'left' or 'stayed' on their programme. Interview questions were based on a literature review, previous exit data and expert opinion. Interviews were recorded, transcribed and subjected to thematic analysis.

Results: Attrition varied according to University and year. Overall, most attrition occurred in the first year of programmes and was primarily due to academic failure or personal circumstances. Between July and September 2015, 18 (5 'left', 13 'stayed') participants were interviewed. Reasons for actual or potential attrition were connected to academic, placement and/or personal issues. Many participants were reluctant to disclose issues on the course. Key academic, placement and services were identified however large variations existed in delivery. Support to continue on the programme was often obtained away from universities and students often relied on self-determination.

Discussion: This study has implications for future pre-registration childDren's nurse

provision. This includes targeted areas of intervention that focus on a student's first year and reducing variation in provided services.

Conclusions: With improved understanding of attrition from childDren's nursing courses, targeted interventions can be developed. Through this study it is envisaged that strategies can be introduced and evaluated.

Recommended reading list

Orton, S. (2011) Re-thinking attrition in student nurses. *Journal of Health and Social Care Improvement*, pp. 1-7.

Urwin, S., Stanley, R., Jones, M., Gallagher, A., Wainwright, P. and Perkins, A. (2010) Understanding student nurse attrition: learning from the literature. *Nurse Education Today*, 30(2), pp. 202-207.

Biography

Dr Stephen McKeever is a Senior Lecturer in ChildDren's Nursing in the School of Health and Social Care at London South Bank University. Stephen initially trained as adult nurse before completing a conversion course to become a childDren's nurse in 1997. Since this time his clinical experience has mainly focused on the care of the critically ill child. This experience has been gained in hospitals in the United Kingdom, New Zealand and Australia. In 2012, Stephen graduated with a PhD from The University of Melbourne. His doctoral thesis examined electroencephalogram changes occurring in children during anaesthesia.

Stephen has an established track record of undertaking and publishing research. Topics of investigation have included neuromonitoring, brain injury, pain/sedation, and engaging nurses in evidence based practice.

In May 2015, Stephen commenced work on Causes of ATtention in CHILDrens NursinG (CATCHING) study. This research has delivered valuable insights into why student childDren's nurses stay or leave their programmes.

Away from work Stephen enjoys walking and has recently completed the 170km Tour du Mont Blanc. In addition, Stephen also enjoys skiing and is a qualified barista.

4.1.2

Abstract number 392

10:35am

Exploring the role of nurses in relation to the prescribing and administration of medicines in a paediatric hospital ward setting

Presenter: Dr Albert Farre, BSc, MSc, PhD, University of Birmingham and Birmingham Children's Hospital NHS Foundation Trust, Birmingham, UK

Co-author(s): Teresa Jordan, UK; Gemma Heath, UK; Karen Shaw, UK; Carole Cummins, UK

Abstract

Background: The administration of medication is a complex process which carries the potential for medication errors. However, the added complexity of paediatric medicines (e.g. dose calculations, dilutions, manipulations) makes them even more susceptible to medication errors (Conroy et al., 2007).

Aims: To explore nurses' perspectives in relation to the prescribing and administration of medicines in the context of a paediatric hospital ward setting.

Methods: A qualitative case study was undertaken in a general surgical ward of a paediatric hospital in England. Data collection took place in January and May 2015 in two stages. First, focus groups were conducted with novice, competent and expert nurses. Second, semi-structured interviews were conducted with novice, competent and expert nurses. Data were analysed following stage 1 of data collection to identify emerging issues and make sampling decisions for stage 2, when saturation was considered to be achieved. Data analysis followed the principles of thematic analysis. Three researchers independently coded the final data set and discussed data interpretation. Resulting codes were then collated into themes.

Results: 24 nurses were recruited, 18 took part in the first stage focus groups and 6 in the second stage interviews. Three broad themes were identified: (i) roles and responsibilities of nurses; (ii) the interactional nature of nursing practices; and (iii) risk management issues.

Discussion: Findings suggest that nurses play a central role in medication risk management and safety that extends beyond preparing and administering medications as prescribed (Smeulers et al., 2014). Equally important was the systemic nature of nursing work, including aspects such as communication and interactions

with other professionals, availability of resources and organisational policies (Choo et al., 2010).

Conclusions: The nurses' role in medication management is a multifaceted and complex one, which extends beyond what is usually acknowledged and is pivotal to medication safety.

Recommended reading list

Choo, J., Hutchinson, A. and Bucknall, T. (2010) 'Nurses' role in medication safety'. *Journal of Nursing Management*, Vol. 18, No. 7, pp 853-861.

Conroy, S., Sweis, D., Planner, C., Yeung, V., Collier, J., Haines, L. and Wong, I.C.K. (2007) 'Interventions to reduce dosing errors in children: a systematic review of the literature'. *Drug Safety*, Vol. 30, No. 12, pp 1111-1125.

Smeulders, M., Onderwater, A.T., van Zwieten, M.C.B. and Vermeulen, H. (2014) 'Nurses' experiences and perspectives on medication safety practices: an explorative qualitative study'. *Journal of Nursing Management*, Vol. 22, No. 3, pp 276-285.

Biography

I am a psychologist by background, but my research interests lie in the intersection between Social Psychology and Medical Sociology.

I have worked in various studies in the field of applied health services research, mostly using qualitative approaches as well as mixed methods.

My research has mainly focused on exploring patients and health professionals' perspectives to inform public health and health care services delivery.

Theme: Interviewing

4.2.1 Abstract number 373

10:05am

The unique knowing of district nurses in practice

Presenter: Dr Heather Bain, EdD, Pgcert HELT, BA, DipDN, RGN, Senior Lecturer, School of Nursing and Midwifery, Robert Gordon University, Aberdeen, UK

Abstract

The district nurse is a registered nurse with a specialist graduate-level education and specialist practitioner qualification recorded with the UK's Nursing and Midwifery Council (2001). Key issues in district nursing practice and education within the UK comprise: national policy; local organisational structures and practice; professional and disciplinary theory; and practice of individuals (Bergen and While 2005). However, there has been a lack of direction in district nursing within the UK, with a decline in numbers of district nurses being educated, and

standards supporting district nurse education being outdated.

This study aimed to explore the unique knowing of district nursing in practice. Understanding this will contribute to future policy and practice. A qualitative study using an interpretative approach within a case study design was adopted involving three Scottish Health Boards as cases. Within each Health Board, interviews with key informants, and group interviews with district nurses were undertaken, using photo elicitation as a focussing exercise. The data were collected in 2013/14 and were analysed using framework analysis (Spencer et al. 2003).

The study findings depict the complexity of the unique knowing in district nurse practice, where the context of care is an essential consideration, in a role that continues to advance. However it is the relationship between and among the elements, not the elements themselves that contribute to the unique knowing. The development of this knowing does not happen in isolation and is complex. In addition to formal education it consists of networks, conversations, engagement with policy, understanding of professional contexts, adhering to organisational boundaries, and interaction with complex and challenging situations. The study findings therefore have implications for both nurse educators and organisations. Innovative and alternative approaches to developing knowing within curricula, recognising practice-based theory of learning and organisational structures and processes, must be considered.

Recommended reading list

BERGEN, A. and WHILE, A., 2005. Implementation deficit and street-level bureaucracy: policy, practice and change in the development of community nursing issues. *Health and Social Care in the Community*, 13(1), pp. 1-10.

NURSING AND MIDWIFERY COUNCIL, 2001. Standards of specialist education and practice. London: NMC

SPENCER, L., RITCHIE, J. and O'CONNOR, W., 2003. Analysis: practices, principles and processes. In: J. RITCHIE and J. LEWIS, eds, *Qualitative research practice: a guide for social science students and researchers*. London: Sage, pp. 199-218.

Biography

Dr. Heather Bain is a Senior Lecturer Postgraduate and Continuing Professional Development (CPD) at the Robert Gordon University, Aberdeen. Prior to coming into education she had both surgical and medical nursing experience, and then had several years experience working as a district nursing sister and a team leader of an integrated team. Since coming into education in 2002 she has led the implementation of the Extended Nurse Prescribing course, and subsequently became the course leader of the post registration district nurse course. More recently she has led the Masters courses and CPD portfolio within the School. Heather has actively promoted community nursing through-

out the UK, being a member of several working groups, and is one of the co-ordinators behind @weDistrictNurse on Twitter. She is currently undertaking a part time secondment with the Nursing and Midwifery Council as Non -Medical Prescribing/Medicines Management Expert Advisor.

4.2.2 Abstract number 355

10:35am

'Help me breathe' A comparative analysis of decision making processes of health care support workers and registered nurses caring for home ventilated children.

Presenter: Dr Toby Aslam Mohammed, Prof D (H, SC & N), MN (Spec Ed), PGCE HE&FE, RGN, RSCN, RNT, NHS Greater Glasgow and Clyde, Glasgow, UK

Abstract

Health Care Support Worker (HCSW) development within NHS Scotland has been a central component of service redesign (NES 2010). Within the context of long term ventilation for children, services have been established to provide direct care to children in the out of hour's period, primarily overnight within the child's home (Hewitt-Taylor 2009).

These services are being staffed by HCSWs and RNs (Jardine et al 1999).

Although these HCSWs have a training programme to prepare them for their role, little is known about the decision making processes that they use, or if this differs from those of the Registered Nurse.

Utilising a multiple case study approach, this study aimed to compare the decision making process of HCSWs and RNs who care for home ventilated children.

Using a purposive sampling technique five HCSWs and five RNs were recruited to participate in the study from two of NHS Scotland's children's long term ventilation services.

Decision making processes were identified through a combination of a 'Think Aloud' interview, immediately followed by a retrospective interview.

This study identified that there were similarities and differences between the HCSWs and RNs. HCSWs demonstrated an algorithmic approach to their decision making processes whereas the RNs were more holistic in their approach adopting a wider view of the needs of the child. HCSWs used available care planning and pathways to direct their decision making, whereas RNs used these to inform, rather than direct, their decision making. The influence of being a parent within the HCSW group affected

the decision making process of participants, but not the outcome.

This study has provided new insights into decision processes used by both groups, which have relevance to children's services, as it is an area which has received minimal research.

Recommended reading list

NES 2010 Guide to HCSW development revised edition. NHS Education for Scotland. Edinburgh.

Jardine E. O'Toole M., Paton J.Y. and Wallis C. 1999 Current status of long term ventilated children in the UK: questionnaire survey. *BMJ*. Vol. 318. Pg 295 - 299.

Hewitt-Taylor J. 2009 Working with children who have complex health needs. *Journal of Community Nursing*. Vol. 23 No. 5 Pg 24 - 26.

Biography

Following completion of the Post Registration Children's Nursing Programme in Glasgow I became a Staff Nurse and subsequently the Home Care Charge Nurse within the Renal Unit at Yorkhill Hospital. As Home Care Charge Nurse within the Renal Unit I developed the home care service and undertook my Post Graduate Masters in Nursing Degree, with Specialty in Education at the University of Glasgow. Following successful completion of my degree studies I entered Nurse Education in and subsequently taught children's nursing for 8 years. After taking a three-year secondment to the post of Senior Nurse (Practice Development) at Yorkhill Sick Childrens Hospital, in Glasgow, the post became substantive in 2005. Following the reorganisation of the Health Board in 2006 I became Head of Practice Development for Acute Services across Glasgow and Clyde covered adult, children's and maternity services. My current post is that of Assistant Chief Nurse for Governance and Regulation within the same board, with a portfolio for Practice Development and Practice Education. My interest in support worker development and complex needs children stems from my paediatric background and has developed over the years.

Theme: Case study

4.3.1

Abstract number 7

10:05am

General practice nursing in New Zealand (NZ): Opportunities and innovation - three case studies

Presenter: Dr Leonie Walker, Bsc MSc PhD, New Zealand Nurses Organisation, Wellington, New Zealand

Co-author(s): Jill Clendon, New Zealand; Katherine Nelson, New Zealand

Abstract

Background: Changing models of care, and rural GP shortages in NZ are leading to nursing roles evolving. Changes to nursing scopes and skill mix, practice ownership/governance models and service innovations have all been reported. Less understood was the impact of differing nursing roles on professional interactions, or patient access to care.

Aims: To describe the different configurations of skill mix in primary care on inter and intra-professional collaboration and communication, and to explore the potential of expanded nursing scopes and roles to improve patient access.

Methods: Purposive sampling identified three practices with different models and nursing roles. Mixed methods (document review, interviews and observation) were used to explore how teams worked together, including delegation, substitution, enhancement and innovation in roles and their interdisciplinary interactions. A total of twenty two interviews were recorded. A multi-phase, integrative, qualitative and skill mix framework analysis (Sibbald, 2004) was used to compare findings related to nursing skill mix across cases.

Results: Policies, systems, inter and intra-professional relationships were working well.

Three models of primary care ownership, utilising different nursing skill mixes (Registered Nurses, Nurse Practitioners, Enrolled Nurses, and unregulated Primary Care Practice Assistants) and planned and opportunistic service innovations are described, demonstrating considerable flexibility and responsiveness to local need.

Discussion: This project provides evidence of new, evolving nursing practice. This included: nurses having a greater role in patient management; nurse-led discharge with community follow up and long term conditions clinics, outreach, proactive care; nurse prescribing; altered patient pathways; Nurse Practitioners; nurse business partners and owners; and Nurse Assistants freeing nurses to deliver advanced nursing care.

Conclusion: Enabling nurses to work to the full extent of their scope, along with adjustments to the models of care, freedom to innovate, greater

multidisciplinary cooperation and coordination improves access to care in New Zealand.

Recommended reading list

Sibbald B et al (2004) Changing the skill-mix of the health care workforce. *J Health Services Research Policy* 9: Suppl 1, pp 28-38.

Walker, L., Clendon, J., and Nelson, K. (2015) Nursing roles and responsibilities in general practice: three case studies *Journal of Primary Health Care* 7(3) pp 236-243

Biography

A UK Biology degree, an MSc in Immunology and applied an Immunology PhD were followed by an academic university research career, and then a Principle Scientific Officer post in applied Immunology in a hospital setting, providing cellular Immunology laboratory services. A career change led to NHS health research management and direct project work on public health topics ranging from HIV to obesity and diabetes. A final post in the UK saw the establishment of the North East England Diabetes Research Network, based within the Clinical Research Facility at the University of Newcastle, and a management role overseeing the specialist diabetes research nursing team. Early 2008 saw a move to New Zealand to take up the position of researcher with the New Zealand Organisation of nurses. Now adjunct Professor at the Graduate School of Nursing and Midwifery, Victoria University Wellington.

4.3.2

Abstract number 154

10:35am

Food for thought - enhancing dietary preferences for the person with advanced dementia

Presenter: Mrs Hazel McWhinnie, RN, MSc, PGCert, BA, DipHE, University of the West of Scotland, Hamilton, UK

Co-author(s): Margaret Brown, Scotland

Abstract

Background: Adopting a nurse-led partnership approach, this project contributed to the development of a framework to enhance dietary preferences for the person with advanced dementia living in a care home. Innovative ways of eliciting food and drink preferences and food consumption were developed by a team including family members, nursing and care staff and researchers.

When a person with advanced dementia can no longer communicate their dietary preferences; this reduction of choice impacts on dignity. An adequate nutritional intake is essential for the maintenance of physiological, social and psycho-

logical wellbeing and quality of life (Healthcare Improvement Scotland, 2012).

Aim: To enhance the dignity of people with advanced dementia through the use of innovative methods to facilitate their food and drink choice.

Objectives: To explore innovative ways to elicit food preferences in advanced dementia

To investigate alternative approaches to eating and drinking for the person with advanced dementia

Methods: This study involved an exploratory, collective case study design using mixed methods. Participants included six residents with advanced dementia, their family members and staff. Following ethical approval, we used a sensory framework, over a 12 week intervention period in 2014, to investigate the impact of innovative interventions for six residents with advanced dementia, their families, nursing and care staff.

Results: Residents maintained their nutritional status and eating difficulties decreased as food preferences were explored. Innovative sensory approaches to eating and drinking were developed in partnership.

Discussion: A partnership approach showed improvements in the quality of the process and outcome of eating and drinking for the person with advanced dementia. Staff and families enjoyed being involved in the research and were fully immersed in the research and learning process.

Conclusions: This project enhanced the quality of life for the person with advanced dementia by embracing a sensory approach to eating and drinking.

Recommended reading list

Healthcare Improvement Scotland (2012) Improving Nutrition. Improving Care. Final report.

Biography

Hazel McWhinnie is a lecturer in Adult Nursing at the University of the West of Scotland. With a background in acute nursing care, Hazel has a particular interest in the care of the older adult.

Margaret Brown is a senior lecturer in Older Persons Health and Wellbeing at the University of the West of Scotland. Margaret has a particular interest in quality of life in advanced dementia.

Theme: Quantitative research

4.5.1 Abstract number 68

10:05am

Parents' experience of managing their child's post-tonsillectomy pain at home

Presenter: Dr Alison Twycross, PHD MSc DMS CertEd(HE) RGN RMN RSCN, London South Bank University, London, UK

Co-author(s): Julie Longard, Canada; Anna Williams, UK; Paul Hong, Canada; Jill Chorney, Canada

Abstract

Background: Despite well-established evidence to guide pain management many children experience moderate to severe pain at home after common paediatric surgeries (Kankkunen et al., 2009; Shum et al., 2012; Wiggins, 2009). Due to changes in children's healthcare services, including shorter hospital stays, the task of managing children's postoperative pain is often transferred to parents.

Aim: To understand parents' experiences of managing their child's post-tonsillectomy pain at home, including barriers and facilitators to optimal pain management.

Methods: Semi-structured interviews were carried out from December 2013 - February 2015 with 10 parents of typically-developing children, aged 5-6 years, who had a tonsillectomy with or without adenoidectomy, and experienced no complications leading to hospitalization. Interviews were conducted with parents within three months of their child's surgery. Interviews were transcribed verbatim and content analysis was used to identify themes in parents' experiences.

Results: All children reportedly experienced some postoperative pain although for some children this was only mild. Parents used analgesic Drugs and non-Drug methods to manage their child's pain. Parents reported that their child's recovery at home placed significant short-term burdens on their family, but many felt the process was worthwhile given the potential long-term health benefits for their child. Parents reported that they were generally satisfied with the information they received but some recommendations for further information were provided.

Discussion: The results of this study provide an indication of the barriers and facilitators for parents managing their child's pain at home. This provides an opportunity to reflect on practices and to identify additional strategies that can be used to support parents in this context.

Conclusions: This study provides a first-hand account of parents' experiences of managing their child's postoperative pain at home and reveals some of the factors that help and hinder parents' management of their child's pain.

Recommended reading list

Kankkunen P, Vehvilainen-Julkunen K, Pietila A-M & Halonen P (2003a) Is the sufficiency of discharge instructions related to children's postoperative pain at home after surgery? *Scandinavian Journal of Caring Science* 17, 365-372.

Shum S, Lim. J., Page T, Lamb E, Gow J, Ansermino JM & Lauder G (2012) An audit of pain management following pediatric day surgery at British Columbia Children's Hospital. *Pain Research and Management* 17, 328-334.

Wiggins SA (2009) Family exemplars during implementation of a home pain management intervention. *Issues in Comprehensive Pediatric Nursing* 32 160-179.

Biography

Since September 2013 Alison has been Head of Department for Children's Nursing and Reader in Children's Pain Management at London South Bank University. She has worked in nurse education for 20 years at five different universities in England and Scotland. Alison was a member of a taskforce that updated the recently published International Association for the Study of Pain's Curriculum on Pain for Schools of Nursing. Alison is also Secretary of the British Pain Society's Education in Pain Special Interest Group.

As a researcher Alison has focused on exploring what happens in practice and identifying strategies for improving children's pain management. Her current research looks at supporting parents to manage their children's pain at home (postoperative and cancer-related pain). In 2011 Alison spent six months working in the Centre for Pediatric Pain Research in Halifax, Nova Scotia. She has edited three books bringing together the evidence for children's pain management. These are used as key texts internationally. She also has over 40 papers published in peer-reviewed journals and is editor of Evidence Based Nursing.

4.5.2 Abstract number 73

10:35am

Incorporating experiential learning theory in promoting regular physical activity among childhood cancer survivors

Presenter: Dr William Li, PhD, Associate Professor, The University of Hong Kong School of Nursing, Hong Kong, CN

Co-author(s): Dr Joyce Chung

Abstract

Background: There is growing concern about declining levels of physical activity in childhood cancer survivors. There has been an increase in the use of experiential learning to promote the psychological well-being of primary school children.

dren, and to help youth substance abusers and adolescents suffering from chronic illness to change their feelings, patterns of thought, and behavior [1,2]. This study aimed to examine the effectiveness of using experiential learning in promoting changes in exercise behavior and enhancing the physical activity levels, self-efficacy, and quality of life of Hong Kong Chinese childhood cancer survivors.

Methods: A randomized controlled trial, two-group pretest and repeated post-test, between-subjects design was conducted to 71 childhood cancer survivors (9-16-year olds). Participants in the experimental group joined a four-day integrated adventure-based training guided by Kolb's experiential learning theory [3]. Control group participants received the same amount of time and attention as the experimental group, but not in such a way as to have any specific effect on the outcome measures. Participants' exercise behavior changes, levels of physical activity, self-efficacy and quality of life were assessed at the time of recruitment, 3, 6, and 9 months after starting the intervention.

Results: Participants in the experimental group reported statistically significant difference in physical activity stages of change ($p < 0.001$), higher levels of physical activity ($p < 0.001$) and self-efficacy ($p = 0.04$) than those in the control group. Besides, there were statistically significant mean differences ($p < 0.001$) in physical activity levels (i€2.6), self-efficacy (i€2.0) and quality of life (i€4.3) of participants in the experimental group from baseline to 9 months after starting the intervention.

Conclusions: Experiential learning was found to be effective in promoting regular physical activity among childhood cancer survivors.

Recommended reading list

Wong, C.C. (2004). An adventure-based training for youth substance abusers. *Hong Kong Journal of Paediatric*, V9. pp 337-339

Carlson, K.P., Cook, M. (2007). Challenge by Choice: Adventure-based counseling for seriously ill adolescents. *Child and adolescent psychiatric clinics of North*; V16, pp 909-919

Kolb, D.A. (1984). *Experiential learning: Experience as the source of learning and development*. New Jersey: Prentice Hall.

Biography

Dr William LI is currently an Associate Professor and the Director of Bachelor of Nursing (FT) Programme at the School of Nursing, the University of Hong Kong. He has a strong research interest in the field of child and adolescent care, and has much skill and knowledge in developing, validating and testing the psychometric properties of instruments for children. His grants and international publications encompass a number of child and adolescent studies including development and psychometric testing of instruments for Chinese children, providing and evaluating psychosocial interventions for children and adolescents, both in the hospitals and community.

His research focused on providing psychological interventions to those children hospitalized with cancer and childhood cancer survivors, implementing therapeutic play to hospitalized children, helping cancer and diabetic patients to quit smoking and promoting smoking cessation to the youth.

Theme: Focus groups/Nominal group technique

4.6.1 Abstract number 218

10:10am

Identifying palliative and end of life research priorities in Ireland: an innovative approach

Presenter: Professor Sonja McIlfatrick, Ulster University Northern Ireland, Newtownabbey, UK

Co-author(s): Dr L Doherty, UK; Ms C Mulholland, Ireland

Abstract

Background: Palliative and end of life care research is an underdeveloped research area. The importance of setting research priorities has been recognized internationally, however to date, this has largely been led by researchers and academics. James Lind Alliance advocate an approach to research priority setting whereby patients, carers and clinicians work together to agree the most important questions.

Aim: To identify and prioritise research questions for palliative and end of life care from the perspective of patients, carers and health care professionals in Ireland.

Method: Mixed methods four stage approach. Stage 1 was part of a larger national study, which involved a survey focused on uncertainties of care, (n=1403 responses), subsequently categorized as interventional questions, into a list of questions (n=83). Stage 2: An online survey asking user/carer organizations and professional groups in Ireland to rate these questions in terms of low to high priority (n=168 responses). Stage 3: Involved a final prioritization workshop, using nominal group technique undertaken with user/carers (n=16), resulting in the identification of the top ten research priority for Ireland. Stage 4: Comprised a strategic workshop with academics, researchers and funders from the island of Ireland, to develop action plans for each of the areas.

Results: The top ten areas were identified and include aspects such as co-ordination of care; out of hours; care at home; pain and symptom management, palliative care and non-cancer and advanced care planning.

Conclusions: This process enables researchers to demonstrate that their research is relevant,

targeted and valuable to the people who most need it. We will report preliminary findings on the process and types of questions proposed. Discussion with key stakeholders contributes to better co-ordination, seeking to address the highest priority areas together.

Recommended reading list

McIlfatrick S and Murphy T (2013) Palliative care research on the island of Ireland over the last decade: a systematic review and thematic analysis of peer reviewed publications. *BMC Palliative Care* 12:33 doi:10.1186/1472-684X-12-33

Perkins et al (2008). 'What are patients' priorities for palliative care research? - a questionnaire study' *Palliat Med*, vol.22: 7

Cowan K, Oliver S. *The James Lind Alliance Guidebook*. Oxford: UK; 2013 Available at

Biography

Sonja is a registered nurse with approximately twenty years' experience in palliative care practice, education and research. She has extensive experience in undertaking research as well as leading and providing strategic direction for research. Having qualified as a registered nurse and graduated with a nursing degree from the University of Ulster in 1991, Sonja began her research career completing her MSc in 1999 and her PhD from University of Ulster in 2003.

Sonja is a Professor in Nursing at Ulster University. Within her university role, Sonja is Postgraduate Tutor as well as the lead for the Palliative Care Strand within the Managing Chronic Illness Research Centre. Sonja is also a Senior Investigator in the Palliative Care research Network for All Ireland Institute of Hospice and Palliative Care. research interests include: decision making at end of life; palliative care and chronic illness; public awareness of palliative care and psychosocial support for carers/families affected by advanced disease

4.6.2

Abstract number 69

10:35am

The human papillomavirus and HPV vaccine: accounts from young people from black, Asian and minority ethnic groups in Scotland.

Presenter: Dr Elaine Carnegie, RGN, RMN, MMed Sci, PhD, Edinburgh Napier University, Edinburgh, UK

co presenter: Dr Catriona Kennedy, Scotland

Co-author(s): Dr Anne Whittaker, Scotland; Dr Carol Gray Brunton, Scotland; Dr Janette Pow, Scotland; Dr Diane Willis, Scotland; Ms Nahida Hanif, Scotland; Dr Rhona Hogg, Scotland; Dr Shona Hilton, Scotland; Dr Kevin Pollock, Scotland; Dr Seeromanie Harding, England

Abstract

Background: School nurses play important roles in delivering human papillomavirus (HPV) vaccination programme in United Kingdom. International research indicates lower HPV vaccination uptake rates among Black, Asian and Minority Ethnic (BAME) groups (Fisher et al. 2013) and suggests socio-cultural factors influence vaccine refusal (Boyce and Holmes 2013). However, little is known about how young people from BAME communities understand risks associated with HPV and engage with the programme.

Aim: To explore young people from BAME communities' understandings of HPV infection and vaccination.

Methods: A critical qualitative exploratory study utilising Foucauldian discursive analysis. Seven focus groups and four paired interviews conducted June–October 2015, with 40 young people aged 16–26 from BAME communities: Black African, Arab, Muslim, and Sikh. Stimulus material utilised to explore understandings of HPV, experiences of vaccine programme, views on universal vaccination.

Results: Participants related narratives of decision-making in relation to vaccination programme, and lack of public health discourse on HPV in schools. Most participants had little understanding of HPV or of its connection with cervical smear tests. For young men, there was a prevailing discourse of being detached observers of HPV vaccination. White Northern hemisphere norms and assumptions about age of sexual debut were challenged by a range of attitudes across BAME groups. Narratives of obligation and identity of those from religious backgrounds permeated personal evaluations and added social constraints on whether to discuss or pursue the vaccine.

Discussion: Understandings of HPV and engagement with the vaccine programme are embedded within social identities and practices such as gender, culture, religion, intimate relationships. Vaccination within BAME popula-

tions may be hindered by public health strategies which do not take account of these factors.

Conclusion: Efforts to raise the profile of HPV and increase vaccination rates among BAME populations will require greater partnership working with BAME youth, parents and community leaders.

Recommended reading list

Fisher H, Trotter CL, Audrey S, MacDonald-Wallis K, Hickman M (2013) Inequalities in the uptake of human papillomavirus vaccination: a systematic review and meta-analysis. *International Journal of Epidemiology* 42 3 896–908.

Boyce TL, Holmes A (2013) Persistence and partnerships: School nurses, inequalities and the HPV vaccination programme. *British Journal of School Nursing* 8 2 71–77.

Biography

A healthcare professional with over 30 years of experience spanning healthcare, academic and third sector arenas. Training and experience include research and policy, healthcare management, general nursing, psychiatric nursing, learning disability nursing and drug counselling complimented by Master of Medical Science in Primary and Community Care and Nursing Doctorate. Areas of interest and expertise include health inequalities and critical health and social policy.

Theme: Interviewing

4.7.1

Abstract number 86

10:05am

Recovery from ankle fracture: patient experience

Presenter: Dr Liz Tutton, PhD, RCNRI, WMS, University of Warwick, Coventry, UK

Co-author(s): Willett, K. UK; Keene, D. UK; Morgan, L. UK; Gray, B. UK; Handley, R. UK; Chesser, T. UK; Pallister, I. UK; Knox, C. UK; Lall, R. UK; Briggs, A. UK; Lamb, S. UK

Abstract

Background: Little is known about early recovery from ankle fracture, but a range of impacts have been identified up to 2 years post injury (McPhail et al. 2012).

Aim: To explore the experience of treatment and early recovery from a fractured ankle in older people

Methods: Drawing on Heideggerian Phenomenology (Heidegger 1962), 36 interviews were undertaken with patients, 60 years or older, at 6–10 weeks post-surgery within a randomised controlled trial of two different treatments; open reduction and internal fixation (ORIF) and close contact casting (CCC) (Willett et al. 2014). Data was collected from October 2010 to 2013.

Findings: This paper presents the experience of struggling to live with a fractured ankle identified through four themes:

i) Suffering which identified 'being vulnerable' where participants suddenly felt older and emotionally fragile; and 'renegotiating roles and relationships', where established partnerships were disrupted.

ii) Getting on with daily life highlighted 'finding ways of doing things', which required rethinking and planning every little activity; and 'finding ways of keeping busy', which involved reframing the present and focussing on what was possible.

iii) Struggling to move identified 'living with hopping' which felt terrifying; and 'moving forward' which was constrained by notions of fragility.

iv) Treatment and being in the trial noted participant's concerns but also the benefits of 'living with CCC' and 'living with metal work'; 'decision making' identified the thoughts and feelings about being in a trial.

Discussion and Conclusion: Traumatic fracture of the ankle impacts on participant's ways of being and living that makes the first 6–10 weeks a real struggle. Participants were pleased to have the possibility of avoiding surgery but there were advantages and disadvantages for both treatments. Nurses have a key role to play in facilitating individual's capacity to cope with and recover from ankle fracture.

Recommended reading list

Heidegger, M. (1962) *Being and Time*. Oxford: Blackwell Publishing Ltd.

McPhail, S. M. Dunstan, J. Canning, J. & Haines, T. P. (2012) Life impact of ankle fractures: qualitative analysis of patient and clinician experiences. *BMC Musculoskeletal Disorders*, 13, 224. doi: 10.1186/1471-2474-13-224.

Willett, K. Keene, D. Morgan, L. Gray, B. Handley, R. Chesser, T. Pallister, I. Tutton, E. Knox, C. Lall, R. Briggs, A. Lamb, S. (2014) Ankle Injury Management (AIM): design of a pragmatic multi-centre equivalence randomised controlled trial comparing Close Contact Casting (CCC) to Open surgical Reduction and Internal Fixation (ORIF) in the treatment of unstable ankle fractures in patients over 60 years. *BMC Musculoskeletal Disorders* 15:79 doi: 10.1186/1471-2474-15-79 (12March2014) <http://httpwww.biomedcentral.com/1471-2474/15/79>.

Biography

Liz Tutton is a Senior Research Fellow at the RCN Research Institute, Warwick Medical School, University of Warwick, and the Trauma Research, Kadoorie Centre, John Radcliffe Hospital, Oxford. Liz has spent many years in nursing, education and research. Research interests include: patient and staff experiences of care; recovery and treatments; core concepts of care such as comfort, participation and hope. Liz currently has a particular focus on recovery from traumatic injury and older people.

4.7.2 Abstract number 328

10:35am

The immediate and long-term impact of high-dose chemotherapy on women with gestational-trophoblastic neoplasia

Presenter: Ms Clare Warnock, Weston Park Hospital, Sheffield Teaching Hospitals NHS foundation Trust, Sheffield, UK

Co-author(s): Kamaljit Singh, England, UK; Jane Ireson, England, UK

Abstract

Background: High-dose chemotherapy is associated with significant physical and psychosocial morbidity, potential mortality and slow recovery (Bird and Arthur 2010). It is one of the treatments used in advanced gestational-trophoblastic neoplasia, a rare pregnancy-related cancer that affects younger women (Argawal et al 2014). Gaining an understanding of their experiences of high-dose chemotherapy provides insights into their priorities and concerns. It can also assist with identifying the particular needs of young women receiving this treatment.

Aims: To explore the experiences of high-dose chemotherapy among women with gestational-trophoblastic neoplasia

Methods: A multi-centre descriptive exploratory study using in-depth semi-structured interviews was conducted. Participants were recruited from all survivors of high-dose treatment for gestational-trophoblastic neoplasia in the UK. Interviews were carried out between September and November 2014. 10 patients were eligible and 8 agreed to participate. Data was analysed using framework analysis, participants were involved in verification of the findings.

Results: Participants described significant physical, psychological and social effects during and following treatment. Many had not anticipated the severity of side effects; recovery was slow and symptoms prolonged. Returning to work was a key milestone but this was difficult for some. The impact on their children was a major concern and families played a pivotal supportive role. Treatment had a long-term effect on sexuality and body image.

Discussion: The findings revealed that patients require more detailed and accurate information about the challenges associated with high-dose chemotherapy before, during and after treatment. The importance of family-centred services was highlighted. Professionals need to be aware of long term and late effects including sexual health.

Conclusions: The study provides valuable insights into the multi-dimensional impact of high dose treatment on women with gestational-trophoblastic neoplasia. It provides insights that may be important in understanding the experiences of young women receiving high-dose treatment for other cancers.

Recommended reading list

Agarwal R et al (2014) Management and survival of patients with FIGO high risk Gestational Trophoblastic Neoplasia. *The Journal of Reproductive Medicine*. 59, 1, 7-12.

Bird L and Arthur A (2010) Rehabilitation programme after stem cell transplantation: a randomized control trial. *Journal of Advanced Nursing*. 66, 3, 607-615.

Biography

Having worked in oncology nursing since 1989 I am currently the practice development nurse at Weston Park Hospital, the regional cancer centre for South Yorkshire. My areas of current and previous research focus on clinical practice issues and have included the experiences of healthcare staff involved in the process of breaking bad news, nursing competences for survivorship and late effects care and patient's experiences of diagnosis and treatment for specific conditions such as spinal cord compression, brachytherapy radiotherapy and high-dose chemotherapy.

Theme: Qualitative approaches

4.8.1 Abstract number 238

10:05am

LGBTQ birthing practices in rural care: holding space for difference

Presenter: Dr Lisa Goldberg, RN PhD, Dalhousie University, Halifax, Nova Scotia, CA

Co-author(s): Megan Aston, Canada; Sylvia Burrows, Canada; Jennifer Searle, Canada; Shannon Pringle, Canada

Abstract

Background: Recent changes to cultural competency programs have assisted in educating nurses on the limitation of their knowledge and sense of privilege. Yet, challenges remain in understanding how to hold space across difference in rural birthing contexts, where the standard(s) for treatment have been historically grounded in a socio-cultural privileging of heterosexuality.

Aim: The aim of the presentation is to offer new insights from current research with women who self-identify as lesbian, gay, bisexual, and/or queer during their birth experiences in the context of rural care.

Methods: Current findings Draw upon interview data (2013-2015) from fourteen LGBTQ birthing women across rural Nova Scotia, Canada. Located within a feminist phenomenological framework, the women's narratives illuminate the ways in which a lack of open space entailed an inability to embody their birthing

trajectories in non-discriminatory and autonomous ways.

Results/Discussion: Preliminary findings suggest that the majority of participants experienced a variety of discriminatory practices independent of their presenting partner upon entering the birthing space. Participants accompanied by cis-gender male partners were automatically assumed to be heterosexual and little space was made available outside the heteronorm for an alternate trajectory. For those participants who were accompanied by female partners, their narratives illuminated the limitations of language and it's discriminatory power during birth.

Conclusion: Findings from the study may offer nurses new possibilities for re-visioning health care spaces, where compassion is inherent in new models of care and strategies for perinatal provider practices are not perpetuated in the institutional birthing assumption that often perpetuate 'one size fits all.'

Recommended reading list

Goldberg, L., Harbin, A., & Campbell, S. (2011). 'Queering the birthing space: Phenomenological interpretations of the relationships between lesbian couples and perinatal nurses in the context of birthing care'. *Sexualities*, 14, pp.173-192.

Goldberg, L., Ryan, A., & Sawchyn, J. (2009). 'Feminist and queer phenomenology: A framework for perinatal nursing practice, research, and education for advancing lesbian health'. *Healthcare for Women International*, 30, 6, pp. 536-549.

Young, I. (2005). *On female body experience: Throwing like a girl and other essays*. Oxford: Oxford University Press.

Biography

Lisa Goldberg is an Associate Professor in the School of Nursing, Dalhousie University, Nova Scotia, Canada. Lisa has extensive teaching experience at the undergraduate and graduate levels in both the clinical and classroom settings. Her philosophical and pedagogical approach to teaching scholarship is grounded in feminist phenomenology.

Lisa's research program, funded through local, provincial and national agencies, seeks to explore the relational and taken-for-granted practices of nurses and primary care providers in their relationships with birthing women, against the landscape of power, gender and heteronormativity. More recently, she completed the Caritas Coach Education Program through the Watson Caring Science Institute. This further aligns Lisa's educational pedagogy and research scholarship in feminist phenomenology with an ontology, epistemology, and ethic of care that returns nursing to its foundational beginnings: Health, healing, and holism toward self, other and the life-world, enacted with embodied intelligence, reflexivity and a moral sensibility.

4.8.2

Abstract number 189

10:35am

Support for women who wish to breastfeed following caesarean birth: views and experiences of women, their family members, healthcare professionals and peer supporters

Presenter: Dr Yan-Shing Chang, King's College London, London, UK

Co-author(s): Dr Elsa Montgomery, UK; Dr Cath Taylor, UK; Ms Zoe Chadderton, UK; Professor Debra Bick, UK

Abstract

Background: The World Health Organisation has a target to increase exclusive breastfeeding rates globally during the first six months post-natally to 50% by 2025 (WHO, 2012). In the UK, the exclusive breastfeeding rate at six months is currently around 1%, and evidence of effective approaches to support women to increase the duration of exclusive breastfeeding is a public health priority. Women who have caesarean births (CB) experience considerably more difficulty than other groups of women in the commencement and duration of breastfeeding (Prior et al 2012).

Aims: The aim was to explore breastfeeding experiences and support needs of women who had planned or unplanned CB from the perspectives of women themselves, their nominated family members, healthcare professionals and breastfeeding peer supporters.

Methods: Three focus groups were undertaken in London during March-April 2015: two groups were attended by a total of nine women who had CB from one week to four months previously, recruited from a postnatal ward or NHS breastfeeding support group and three family members; one group was attended by eight healthcare professionals and breastfeeding peer supporters. Data were transcribed and analysed using thematic content analysis.

Results: Identified themes included (1) recognition of women's unrealistic antenatal expectations in contrast to the reality of breastfeeding difficulties following CB (2) desire for 'continuity of care' from the same healthcare professionals and peer supporters, and (3) need for better communication, information, physical, emotional and social support for women.

Discussion/Conclusion: Women who have CB require planned and effective post-operative and postnatal care which focuses on meeting pain relief needs, supports early mobilization and identification of health problems such as wound infection, if they are to successfully exclusively breastfeed longer-term. Healthcare professionals should plan and implement continuity of postnatal and post-operative care tailored

to individual women's needs, which reflects support for breastfeeding.

Recommended reading list

Prior, E., Santhakumaran, S., Gale, C., Philipps, L.H., Modi, N. and Hyde, M.J. (2012) Breastfeeding after caesarean delivery: a systematic review and meta-analysis of world literature, *Am J Clin Nutr*, 95:1113-35.

World Health Organization (2012) Global targets 2025. To improve maternal, infant and young child nutrition. (www.who.int/nutrition/topics/nutrition_globaltargets2025/en/, accessed 6 October 2014).

Biography

Yan-Shing is Research Associate at the Florence Nightingale Faculty of Nursing and Midwifery, King's College London. Her main research interests include maternal and child health and wellbeing, parenting and relationship support across the lifespan. She completed her Masters and PhD degrees at Queens' College, Cambridge and is currently undertaking research projects aiming at improving postnatal care, including breastfeeding support, for women with pregnancy and birth complications.

Theme: Qualitative approaches

4.9.1

Abstract number 82

10:05am

Saying no: a biographical analysis of why women with a genetic predisposition to developing breast/ovarian cancer refuse risk reducing surgery.

Presenter: Dr Doreen Molloy, PhD, MSc, BA, RGN, PGCTLHE, University of Glasgow Nursing and Health Care School, Glasgow, UK
Co-author(s): Dr Joyce Hendricks, Australia; Professor Anne Williams, Australia.

Abstract

Background: Genetic testing for breast/ovarian cancer susceptibility aims to identify individuals at high risk of cancer and facilitate risk-reducing interventions. Risk-reducing surgery (RRS) is the principle primary preventive intervention as it reduces breast/ovarian cancer risk. Despite this, some women make what appear to be 'anti-health' decisions by refusing RRS.

Aim: To advance an understanding of why BRCA1/2 mutation carriers say no to RRS.

Methods: Denzin's (1989) interpretive biography was combined with Dolby-Stahl's (1985) literary folkloristic methodology to provide a contextualised narrative of the life

experiences of six high risk women who refused RRS. This innovative approach allowed the participants' stories to be interpreted from multiple perspectives as no single interpretation is able to create meaning.

Results: Different understandings of risk were central to the decision to refuse RRS. RRS was perceived as damaging the body and hence was a greater risk to self than cancer risk. Breasts and ovaries were treasured as vital body parts which could not be given up or replaced on the basis of risk alone. Participants shared a genetic pessimism of regret and uncertainty as they were transformed into perpetual patients awaiting their fate.

Discussion: The decision to refuse RRS must be understood within the context of social, cultural and historical influences which shape experience. The dominant medical model for dealing with cancer risk may marginalise high risk women and paradoxically expose them to greater risk. The findings from this study are relevant to all nurses given the prominence of genetics in contemporary health care.

Conclusions: The relationship between genetic testing and cancer prevention is not straightforward. Genetic information has the potential to harm as well as help. It is important health care providers approach this area from the viewpoints of those directly involved since without understanding; interventions and supportive strategies may be ineffective.

Recommended reading list

Denzin, N. K. (1989). *Interpretive biography*. Beverly Hills, CA: SAGE Publications Inc.

Dolby-Stahl, S. K. (1985). A literary folkloristic methodology for the study of meaning in personal narrative. *Journal of Folklore Research*, 22(1), 45-69.

Biography

Dr Doreen Molloy is a University Teacher at the University of Glasgow and has previously worked at the University of the West of Scotland and Edith Cowan University in Perth, Western Australia. Following completion of a BA in Social Science, she qualified as a registered nurse in 1990 and worked clinically in oncology for approximately 17 years before entering academia. Dr Molloy is currently a year leader for the Bachelor of Nursing Programme at the University of Glasgow and also acts as an academic supervisor for dissertation students. Previous clinical posts held include Breast Care Nurse, Macmillan Nurse and Clinical Educator. She has a particular interest in how developments in medicine and health care impact on those using the services, especially issues which affect women. It was this interest which prompted her most recent research which focused on understanding how advancements in clinical genetics impact on women at high risk of developing breast/ovarian cancer.

4.9.2 Abstract number 45

10:35am

Advance care planning: the experience of frail older people receiving care from community matrons

Presenter: Dr Julie Skilbeck, Registered General Nurse; RNT, Sheffield Hallam University, Sheffield, UK

Co-author(s): Antony Arthur, England, UK; Jane Seymour, England, UK

Abstract

Background: Advance care planning (ACP) is a key requisite of the End of Life Care Strategy (DOH 2008). Increasingly this is becoming a focus of the work of Community Matrons (CM). Yet for frail older people opportunities to engage in discussions regarding individual needs, priorities and preferences for end-of-life care is often limited.

Aim: To explore the process of ACP between frail older people and CMs.

Study design: A prospective, longitudinal case study design, using ethnographic data collection methods. Ten participants aged 75 years and over, receiving care from a CM, were recruited. Participants followed up approximately monthly for six months or until death. In total, 49 interviews were conducted with older people; 49 CM visits were observed. Medical documents were reviewed for 10 participants. Data was audio-recorded and transcribed verbatim. Analysis involved theme identification, with cross case comparison.

Findings: Three themes illuminated how frail older people experienced ACP. 'Nature of the Relationship' reveals the importance of the rapport between the frail older person and CMs in enabling ACP discussions to take place. 'ACP conversations' illustrates the wishes and wants of frail older people, including emotional experiences. 'Barriers to facilitating ACP' details factors that inhibit opportunities for ACP conversations, including competing clinical frameworks of CMs.

Discussion: CMs are able to negotiate opportunities to engage frail older people in ACP conversations, although this is dependent on the nature of the relationship and the CMs confidence in pursuing the discussion. Where a frail older person appeared to concentrate on living rather than dying, it was difficult for the CMs to initiate and pursue end-of-life conversations; highlighting the tensions that working within policy frameworks that separate out living from dying brings. Identifying and engaging with the emotional requirements of frail older people could facilitate approaches to ACP.

Biography

I qualified as a Registered Nurse in 1985 at Newcastle-U-Tyne School of Nursing and worked predominantly in the field of critical care for the first 10 years of my career. At this point I became interested in palliative and end of life care and worked as a research associate in the Trent Palliative Care Centre, working on a variety of projects. In 2003 I took up post as a Lecturer in Nursing at the University of Sheffield, transferring to Sheffield Hallam University in 2006. During this time I developed an interest in ageing, frailty end of life care and in 2014 was awarded my PhD by the University of Nottingham. I undertook an ethnographic study to explore the experience of frailty in later life. I have currently been awarded a part-time Research Fellowship where I am developing a portfolio of research focusing on Advance Care Planning in later life.

Recommended reading list

Department of Health (2008) End of Life Care Strategy: Promoting high quality care for adults at the end of their lives. DOH, London.

Concurrent session 5

Thursday 7 April 11.35 - 12.00

Theme: Qualitative approaches

5.1.1 Abstract number 121

11:00am

An exploration of poetry in nursing practice, education and research using autoethnographic methodology

Presenter: Mrs Marie Clancy, B/Nurs, MPH, PGCE, School of Nursing, University of Birmingham, Birmingham, UK

Abstract

Background: Autoethnography is an innovative technique used to portray individual experiences within research and life more generally in creative ways. This can be particularly useful when exploring complex feelings and unique lived experiences (Muncey, 2010, p2). Writing poetry has played a positive and pivotal role personally and professionally, particularly during times of difficulty. This presentation will focus on three areas of nursing in which poetry can be beneficial.

Topic: Nursing is a rewarding but challenging profession. This presentation will follow the author's career through Australasia, Africa, the Caribbean and Afghanistan with the resultant high levels of child mortality, poverty, cultural and political inequalities, and the effects of war. It will address the ways in which poetry has been used as a reflective tool to gain in-depth personal insight. It will also address how poetry has been used innovatively with student nurses and how poetry can be used in research.

Aims:

- To utilise an autoethnographic stance to holistically explore a personal journey
- To provide a critical reflection of the uses of poetry in nursing including practice, education and research with examples from the literature.

Methodological Discussion: This paper will explore the use of poetry by using some of the typical features of autoethnography namely; self-portrayal, context, and culture with self-reflection (Chang, 2008; Muncey, 2010, p23). This will include an explanation of the ways in which poetry can be used as a pedagogical and practice tool (Clancy and Jack, 2015).

Conclusion: This presentation will appeal to conference delegates who may be interested in learning more about autoethnographic methods and/or the use of poetry in nursing. This will incorporate poetry used in nursing practice to enhance self-awareness and coping mechanisms, nurse education as a trigger for discus-

sion and in the development of empathy and nursing research as a method and dissemination tool.

Recommended reading list

Clancy, M. and Jack, K. (2015) Using poetry to explore difficult issues in children's nursing: A case study. *Journal of Learning Development in Higher Education*. Awaiting publication date.

Chang, H. V. (2008) *Autoethnography as Method (Developing Qualitative Inquiry)*. Left Coast Press, Walnut Creek, CA.

Muncey, T. (2010) *Creating Autoethnographies*. Sage Publications, London.

Biography

Marie Clancy is a lecturer in children's nursing at the University of Birmingham and previously to this she worked as a lecturer at the University of Wolverhampton. During Marie's nursing career she has worked internationally in Australia, New Zealand, Trinidad, Malawi and Afghanistan.

Throughout her clinical, educational and research roles Marie has enjoyed working with nursing students and children and families. She is currently a reviewer for the *Journal Nurse Researcher* and is conducting her PhD using creative methodology including art and poetry.

5.1.2 Abstract number 79

12:00pm

Patients' experience of trauma care in the emergency department of a major trauma centre

Presenter: Miss Imogen Skene, Registered adult nurse, Barts Health NHS Trust, Emergency Department, Royal London Hospital, London, UK

Co-author(s): Jason Pott, England, UK; Eamonn McKeown, England, UK

Abstract

Background and rationale: There are 20000 cases of major trauma every year in England (National Audit Office 2010). However little is known about the patients' experience of trauma care in the emergency department in the UK, particularly since the development of the major trauma network in 2010.

Aim: The aim of this study was to describe the patient's experiences of trauma care in the emergency department by (1) exploring the trauma patient's experience of engagement with

healthcare professionals; (2) describing the emergency department environment from the perspective of the trauma patient; (3) illuminating the trauma patient's feelings and emotions about care in the emergency department.

Design and Methods: A qualitative research design was used and data collected by semi-structured interviews. The interviews were transcribed verbatim and analysed thematically.

Participants: 13 adult trauma patients admitted to the trauma unit from the emergency department of a major trauma centre were included in the study.

Findings: Four themes emerged in the data analysis: 'Initial impact of the trauma,' 'Communication styles,' 'Environmental factors,' and 'Reflecting on the trauma'. The findings of this study can be illuminated using the three stages related to the concept of liminality (1) Separation: the often sudden traumatic event that separates the patient from their routine daily life and brings them to the emergency department; (2) Transition: the time in the emergency department itself where, in this liminal space, patients reflect on their emotions, interactions and environment; (3) Re-assimilation: exit from the emergency department, where participants prepare for discharge and return to the outside world.

Conclusion: A competent trauma team combined with compassionate holistic care was important in contributing to participants' feelings of safety in the emergency department.

Recommended reading list

National Audit Office (2010) *Major Trauma Care in England, London, The Stationary Office*

Biography

Imogen Skene is an emergency department clinical research nurse at Barts Health NHS Trust. She has recently completed a masters in clinical research. She trained at the University of Southampton and has working in emergency departments in England, Australia and New Zealand.

5.1.3 Abstract number 239

12:30pm

The experiences of family carers in the delivery of invasive clinical interventions within community settings.

Presenter: Professor Michael Brown, PhD, MSc, BSc (Hons), PGCE, RGN, RNLD, Professor, Edinburgh Napier University, Edinburgh, UK

Co-author(s): Louise Hoyle, Scotland; Thanos Karatzias, Scotland

Abstract

Background: Young people with intellectual disabilities are living into adulthood, many with complex health morbidity that require invasive clinical interventions to sustain life. Little is known about the needs of these young people as they transition into adult community care services and how their needs are being addressed.

Aims: To explore the experiences of family carers in the delivery of invasive clinical interventions (ICIs) within community settings and identify the future role of Registered Nurses and Social Care Support Workers in delivery of ICIs.

Method: An interpretivist qualitative design was used involving semi-structured interviews with a sample of n=10 families from across Scotland.

Results: Family carers deliver many invasive clinical interventions and have a significant contribution to make in educating and support Registered Nurses and Social Care Support Workers. There are strategic developments needs to be addressed in the delivery of invasive clinical interventions in the home setting by Social Care Support Workers, regarding their education, preparation, supervision and accountability when delivering ICIs. Barriers include a reluctance to carry out invasive clinical interventions both for family carers and staff, anxiety, a lack of knowledge and training and difficulties in recruiting appropriate staff.

Discussion: Families, Social Care Support Workers and Registered Nurses have key roles in the safe delivery of invasive clinical interventions in community settings for both children and adults with intellectual disabilities. Models of education and care have been developed to meet the needs of children and young people in need of ICIs, however they are less well developed to meet the needs of young people as they age.

Conclusion: There needs to be strategic policy developments focusing on young people in need of ICIs and their families this population cared for in the community to ensure there is a workforce fit for purpose to meet future demands.

Recommended reading list

Oeseburg B, Dijkstra G, Groothoff J, Reijneveld S & Jansen D (2011) Prevalence of chronic health conditions in children with intellectual disability: A systematic literature review. *Intellectual and Developmental Disabilities* 49, 59-85.

Royal College of Nursing (2012) Managing children with health care needs: Delegation of clinical procedures, training and accountability issues. London: Royal College of Nursing.

Whiting M (2014) Children with disability and complex health needs: The impact on family life. *Nursing Children and Young People* 26, 26-30.

Biography

Professor Brown holds a joint clinical academic post as Consultant Nurse in specialist learning disability services in NHS Lothian and Professor of Health and Social Care Research at Edinburgh Napier University. A trained psychotherapist, he continues to work clinically with people with learning disabilities who have offended in Edinburgh. He was made a Fellow of the Royal College of Nursing in 2015 in recognition of his contribution to the art and science of nursing and the care of people with learning disabilities. He Chair of the Royal College of Nursing Learning Disability Forum committee and has served on a range of government and national policy groups. An active researcher involving people with learning disabilities, he has undertaken a range of studies, and published in the nursing and learning disability literature, on issues including, general healthcare and people with intellectual disabilities, liaison nursing models and person-centred care, health inequalities and health improvement, Local Area Coordination, health and social care systems, diabetes and people with learning disabilities, offending behaviours, psychological interventions and Self Directed Support.

Theme: Focus groups

5.2.1 Abstract number 141

11:00am

A Qualitative study of knowledge sharing at the inpatient - community care transition point in mental health.

Presenter: Dr Nicola Wright, PhD, MA, BN, RN, School of Health Sciences, University of Nottingham, Nottingham, UK

Co-author(s): Emma Rowley UK, Justin Waring UK, Arun Chopra New Zealand and Kyri Gregoriou UK.

Abstract

Background: Care transitions are critical points in healthcare delivery and are where knowledge sharing problems are most likely to occur. Problems can lead to: delayed and unsafe discharges; unsafe care (eg issues with medication) and failed transition experiences. This can have a detrimental impact on a mental health service user's recovery.

Aims: The aim of the project was to explore the processes associated with admission and discharge from a mental health inpatient ward to the community. Of particular interest were the challenges experienced with sharing knowledge at this key transition point.

Methods: One inpatient ward acted as the case study. Qualitative focus group interviews were conducted with the stakeholders involved in the admission and discharge process. In total 52 people participated and this included service users, inpatient nurses, health care assistants, consultant psychiatrists, community mental health practitioners and junior doctors. The data was collected in Winter 2013/2014 and analysed using conventional thematic techniques.

Results: Care transitions into and out of hospital were typically chaotic, stressful and emotionally charged. Two forms of knowledge sharing was evident - what was written down and also the verbal handover. Both processes were passive on the part of the recipient. This meant that there were often gaps in the information required or conversely information was duplicated as it was not in the required format for the receiver.

Discussion: Care transitions in mental health are often chaotic, stressful and emotional. Effective knowledge sharing is vital for high quality care as it ensures that contextually relevant information is exchanged between all parties in the care relationship.

Conclusion: By reducing the time spent searching for knowledge gaps or receiving duplicated knowledge, staff will have more time to deliver care based on best practice.

Recommended reading list

Rowley E, Wright N, Waring J, Gregoriou K and Chopra, A (2014) Protocol for an exploration of knowledge sharing for improved discharge from a mental health ward. *BMJ Open*. 4: c005176

Waring J, Marshall F and Bishop S (2015) Understanding the occupational and organizational boundaries to safe hospital discharge. *Journal of Health Services Research and Policy*. 20 (suppl 1) 35-44

Wright N, Rowley E, Chopra A, Gregoriou K and Waring J (2015, online) From admission to discharge in mental health services: A qualitative analysis of service user involvement. *Health Expectations* doi: 10.1111/hex.12361

Biography

Dr Nicola Wright is currently employed as an Assistant Professor in Mental Health at the School of Health Sciences, University of Nottingham. She is a registered mental health nurse and has worked clinically in both inpatient and community mental health settings. Nicola's research interests are currently focused on the following areas: recovery in mental health, care transitions, youth mental health and the self management of self harm. She has published extensively in relation to mental health care. She teaches on both the pre registration Bsc and MNurSci in Nursing at the University of Nottingham and is the Deputy Course Lead of the Graduate Entry Nursing programme. Nicola is also an Associate editor of the *Journal for Mental Health Training, Education and Practice*.

5.2.2

Abstract number 131

12:00pm

An examination of the definition of chemical restraint with psychiatric consumers

Presenter: Professor Eimear Muir-Cochrane, BSc (Hons), RN, RMN, Grad Dip Ad Education, MNS, PhD, Flinders University, Adelaide SA, Australia

Abstract

Background: Chemical restraint (CR) is the forcible injection with psychotropic medication to sedate psychiatric consumers. There are serious ethical issues regarding its use and physical and psychological consequences for both consumers and staff. Despite the ethical uncertainty surrounding the use of CR and the potential for harm, there is little evidence of when, how and why these practices are used.

Aims: The aim of the research was to examine the perceptions of a broad range of stakeholders on how chemical restraint is defined and used in adult acute psychiatric and emergency departments, as well as the impact of its use.

Methods: Semi-structured interviews, focus groups and open-ended questionnaires explored the perceptions and understandings of stakeholders on the definition, use and impact of CR. Thematic analysis was used to explore the data against the research questions. Thirty stakeholders from six states and territories across Australia. Participants included consumers and carers and individuals with roles in advocacy, research, policy, clinical practice, peer work, education and management.

Results: A working definition was agreed by participants though many considered CR to be used only as a last resort. Participants across groups identified negative impacts of CR on consumers and their families as well as staff and made various suggestions for change to address the identified issues. These findings make an important contribution to the international literature in suggesting an operational definition of CR that can be tested in clinical settings.

Discussion and Conclusions: CR needs to be considered within current mental health care philosophies of least restrictive practice, recovery-orientated, trauma-informed and person-centred care. 'Chemical restraint should always be used with restraint,' only after alternative management strategies have been trialled and according to agreed guidelines and protocol.

Biography

Professor Eimear Muir-Cochrane is Chair of Nursing (Mental Health) and has been involved in mental health research and education for over thirty years. Eimear's research focusses on nursing practices in acute in-patient psychiatric units and the consumer experience. She is passionate about trying to make a difference in researching seclusion, absconding and restraint. Currently Eimear is working with SA Health on funded projects that include: the nature of empathy in acute inpatient psychiatric settings, the role of Assistants in Nursing in the observation of psychiatric patients in Emergency Departments, an operational definition of chemical restraint, and the nature of code blacks (aggression code call) on medical wards. Eimear has received over \$2million in national and international research funding and published one book, a MOOC and over seventy refereed journal articles. Her current favourite expression is 'Data is not the plural of anecdote'.

Details of her books, chapters and research can be found here

<http://www.flinders.edu.au/people/eimear.muircochrane>

5.2.3

Abstract number 119

12:30pm

The role of expert cardiac rehabilitation staff in detecting adverse indicators and creating a post-discharge safety net

Presenter: Dr Lis Neubeck, PhD, BA (Hons), RN, Sydney Nursing School, The Charles Perkins Centre, University of Sydney, Sydney, Australia

Co-author(s): Sue Randall, Australia; Stella Hsi-Man Lin, Australia; Janice Smith, Australia; Alexander M Clark, Canada; Robyn Gallagher, Australia

Abstract

Introduction: International guidelines recommend cardiac rehabilitation (CR) to ensure patients preserve or resume optimal physical, psychological and social functioning. The role of CR-based exercise and cardiovascular risk factor management is crucial in reducing overall and cardiovascular mortality, hospital readmissions, and improves cardiovascular risk factors, exercise capacity and quality of life. However, the role of monitoring and expert management of complex care needs in CR has received little attention.

Aims: This study aimed to investigate the monitoring processes for potential health risks and subsequent intervention activities undertaken by CR staff.

Methods: The study used a qualitative design with data collected in focus groups and individual interviews in New South Wales, Australia between March-June 2015. Focus groups and interviews were audio-taped and transcribed verbatim. Framework analysis was used to analyse the data.

Results: The sample included 39 CR professionals, mostly female (n = 35, 90%) and mean age 51 years (range 28-70 years). The majority were nurses (n = 32, 82%), with the remainder from an allied health background (n=7, 18%). Mean time since qualification was 27 years (range 7 - 48) and mean CR experience was 13.57 years (range 1.5- 25).

Two major inter-related themes were identified. Firstly, CR staff were alert to multiple and diverse actual and potential health issues/incidents. Secondly, there were ongoing processes of monitoring and investigation used to detect these issues. Ongoing contact was the thread that connected these two themes. This was essential to the monitoring and actions undertaken because it allowed opportunity to develop a more complete patient assessment and for observation of a trend. Documentation of these observations depended on perceived severity.

Conclusions: CR is a complex intervention with a previously unreported role in detecting adverse indicators and creating a safety net

for participants. This role needs to be clearly articulated to demonstrate that CR is more than exercise and risk factor management.

Biography

Dr Lis Neubeck is a Senior Lecturer at the Charles Perkins Centre and Sydney Nursing School. She is a National Health and Medical Research Council (Australia) Early Career Fellow, and an Honorary Senior Research Fellow at the George Institute for Global Health. Her research focuses on innovative solutions to secondary prevention of cardiovascular disease, identification and management of atrial fibrillation, and use of new technologies to improve access to health care.

Lis is President of the Australian Cardiovascular Health and Rehabilitation Association (2015-2017), chair of the scientific committee for ACRA 2015, and is on the board of the Cardiovascular Nursing Council of the Cardiac Society of Australia and New Zealand.

discharge decisions. Two key perspectives on risk shaped decision-making: i) the ways in which adult children consider the safety of their parents; ii) professional conceptualisations of discharge risk and duty of care. Relationships between patients, professionals and family shape the nature and extent of patient involvement in decision-making.

Discussion: Involving patients in discharge decision-making can be challenging and conceptualisations of risk may be barriers to discussion. Record keeping surrounding care-home discharge may not reflect the true dynamics of decision-making and individual roles within the process. Relationships between patient, family and professionals are influential in determining how much the patient voice is heard during the process.

Conclusion: Care-home discharge is a critically important, life-changing, event in an individual's life. This study provides insights which can inform high quality discharge decision-making reflecting patient, family and professional views.

Recommended reading list

National Institute for Health and Care Excellence. Transition between inpatient hospital settings and community or care home settings for adults with social care needs - Draft for consultation 2015 14th August 2015. Available from: <https://www.nice.org.uk/guidance/gid-scwave0712/resources/transition-between-inpatient-hospital-settings-and-community-or-care-home-settings-for-adults-with-social-care-needs-Draft-guideline-nice2>

Verbeek H, Meyer G, Challis D, Zabalegui A, Soto ME, Saks K, Leino-Kilpi H, Karlsson S, Hamers JPH (2015) Inter-country exploration of factors associated with admission to long-term institutional dementia care: evidence from the RightTimePlaceCare study J

Biography

Sarah graduated in nursing from Edinburgh University in 1998 and worked as a staff nurse in Medicine for the Elderly and Acute Medicine at the Royal Infirmary of Edinburgh. She also enjoyed a variety of voluntary sector experiences, helping to manage and run services supporting frail older people and specialist day care for those living with dementia.

After completing an MSc by research she embarked on PhD work, pursuing interests in the nursing care of people living with dementia. Since completing the PhD Sarah has held a teaching post within Nursing Studies, University of Edinburgh, and has recently moved to a research post which allows her to continue with work around dementia and the nursing care of older people as well as pursuing an interest in Alcohol Related Brain Damage (ARBD).

Sarah's current research interests are;

- discharge of older people with dementia from acute hospital
- nursing care of people living with dementia and nurses' experiences of caring for this group

- nursing care of people with ARBD in acute hospital
- maintenance of personal identity in dementia and ARBD

5.3.2

Abstract number 256

12:00pm

How do we manage patients with acute abdominal pain? A national survey of guidelines used across the acute care delivery chain

Presenter: Dr Asa Muntlin Athlin, PhD, MSc, RN, CNS, Uppsala University Hospital, Uppsala, Sweden

Co-author(s): Claes Juhlin, Sweden; Eva Jangland, Sweden

Abstract

Background: Seeking emergency care for acute abdominal pain is one of the most common chief complaints worldwide. The variety in acuity is pending between unspecified diagnosis and life-threatening situations and some patients need hospital admission. The use of guidelines could help health professionals in their work to ensure safe quality of care.

Aim: To describe and compare the content of guidelines regarding management of patients with acute abdominal pain used across the acute care delivery chain.

Method: In total, 29 ambulance stations, 17 emergency departments and 33 surgical wards across Sweden participated in a cross-sectional survey during spring 2015. The sample consisted of responses from a questionnaire and provided guidelines. Totally, 21 documents were reviewed and quality appraised using the AGREE II tool (AGREE, 2009).

Results: Less than half of the included settings (n=38; 48%) indicated that they had guidelines for management of patients with acute abdominal pain. The content of the guidelines varied. Guidelines used in the ambulance services were often more structured compared to the hospital-based guidelines. The guidelines had a medical focus and nursing interventions were seldom described. However, findings identified that there were limited information about how to use the guidelines in practice.

Discussion: Limited number of guidelines is in use and seldom they address the aspects of nursing care and the importance of this. The approach of the guidelines differ between the different contexts, which means that the same patient could be treated in different ways during the same episode of the acute care delivery chain.

Conclusion: It's important to ensure high quality care to patients with acute abdominal pain, even before the diagnosis stage. Guidelines that are in line with the acute care delivery

Theme: Document research

5.3.1

Abstract number 169

11:00am

Discharge to care-home - one person, one big decision, lots of different views!

Presenter: Dr Sarah Rhynas, Bsc, MSc, PhD, University of Edinburgh, Edinburgh, UK

Co-author(s): Azucena Garcia Garrido, Scotland, UK; Juliet MacArthur, Scotland, UK

Abstract

Background: Discharge from acute hospital to care-home is a life-changing experience, shaping the remaining years of a person's life (Verbeek et al 2015, NICE 2015). Despite its importance, the processes underlying care-home discharge decisions are often not clearly articulated and the perspectives of patient, family and multidisciplinary team members are poorly understood.

Aims: To present an in-depth analysis of discharge from hospital to care-home focussing on the processes and relationships which shape decision-making.

Methods: A retrospective case note study (n=100) of patients admitted from home and discharged to care-home took place in a Scottish teaching hospital, followed by the development of detailed narrative accounts of 10 patients (2014-15). These cases were sampled to highlight a range of patient situations. A detailed thematic analysis was performed from the narratives to explore relationships, communication and patient involvement during the process of discharge from acute hospital to care-home.

Results: The anxieties, hopes and fears of family members and, to a lesser extent, the views and circumstances of patients shape care-home

chain and focus on the care of the individual patient rather than the routines at the individual settings are required.

Recommended reading list

AGREE Next Steps Consortium (2009). The AGREE II Instrument [Electronic version]. Retrieved 11 - 10 - 15, from <http://www.agreetrust.org>.

Biography

Dr Asa Muntlin Athlin, Head of Research at Department of Emergency Care at Uppsala University Hospital and Adjunct Senior Lecturer at Uppsala University, Uppsala, Sweden. She has specialist training in emergency nursing and has long and ongoing clinical experience in ED nursing. She has for the last 10 years been undertaking research within the ED field. Dr Muntlin Athlin has a wide international collaborating network and is also an associated researcher at the School of Nursing, at University of Adelaide in Australia. Additionally, she is a member of the steering group of International Learning Collaborative (ILC).

Present research areas are health services research, and more specifically pain management, emergency care processes, patient experiences, knowledge translation and fundamentals of care. Together with Dr Eva Jangland and Professor Alison Kitson she is one of the Principal Investigators for the SMAAPP research program - Seamless management of patients seeking care for acute abdominal pain - a person-centered approach. A research collaboration between Sweden and Australia.

5.3.3 Abstract number 158

12:30pm

Barriers to ocular tissue donation in acute clinical settings

Presenter: Dr Maria Ponto, PhD, MSc. BA, RN, RM, Kingston University and St George's, University of London, London, UK

Co-author(s): Maria Ponto, UK

Abstract

Background: Nearly all patients who die in Intensive Care Units (ICU's) and Emergency Departments (ED's) are potential corneal donors. Yet, the number of referrals from these groups remains low.

Aims: To identify the number of potential corneal donors in four ICUs and one ED and to ascertain how many proceed with donation.

Methodology: The electronic medical records of all patients (n=233) who died in the five participating units from July to December 2014 were retrospectively reviewed using existing ocular tissue donor criteria to assess the number

of potential donors. The Eye Donor Database and the Potential Donor Audit were also reviewed for the same period to determine how many potential corneal donors were referred to Tissue Services, whether consent was obtained and how many proceeded with donation.

Results: Out of the 73% (n=170/233) eligible corneal donors, 79% (n=100) were potential tissue-only donors and 21% (n=36) had the potential to donate solid organs and at least one tissue (corneas). While all 36 potential organ and tissue donors were referred to the Specialist Nurse in Organ Donation (SNOD), none of the 100 potential tissue-only were referred to Tissue Services. Of the 36 potential organ and tissue donors referred to the SNOD, only 11 proceeded with corneal donation and this was mainly due to family refusal.

Discussion: Taking into account the refusal rate (64%), coroners' objections (3%) and other logistical problems (3%), 102 corneas rather than 22 could have been donated if all 170 eligible donors had been referred.

Conclusion: The results of this audit highlight a low conversion rate from a relatively high number of potential corneal donors. There is a need to increase corneal donation awareness among healthcare professionals and the public. The implementation of strategies to maximise the number of referrals is also recommended.

Recommended reading list

Gaum L, Reynolds I, Jones MNA, Clarkson AJ, Gillan HL, Kaye SB. Tissue and corneal donation and transplantation in the UK. *Br J Anaesth*. 2012; 108 (S1): i43-i47.

NHS Blood and Transplant (2015) Ocular tissue advisory group: EPSOD activity report. Available from: http://www.odt.nhs.uk/pdf/advisory_group_papers/OTAG/EPSOD.pdf [Accessed: 3 November 2015].

Ploeg RJ, Niesing J, Sieber-Rasch MH, Willems L, Kranenburg K, Geertsma A. Shortage of donation despite an adequate number of donors: a professional attitude?, *Transplantation*. 2003; 76: 948-955.

Biography

Maria Prous is a nurse and a midwife and is currently employed as a Specialist Nurse- Organ Donation. She is currently completing MSc in Clinical Leadership.

Her areas of interest/experience include organ and tissue donation for transplantation and intensive care nursing.

Dr Maria Ponto is Associate Professor in Nursing and MSc Clinical Leadership Course Director. She is a nurse and a midwife with considerable experience of general nursing, ITU and nurse education.

Theme: Experimental/Quantitative research

5.4.1

Abstract number 72

11:35am

Validation of the electronic holistic needs assessment

Presenter: Professor Austyn Snowden, PhD RMN, School of Nursing Midwifery and Social Care, Edinburgh Napier University, Edinburgh, UK

Co-author(s): Mick Fleming, Scotland

Abstract

Background: Macmillan Cancer Support UK have developed an electronic holistic needs assessment (eHNA) to:

- Help people living with cancer express all their needs,
- Help those helping them better target support.
- eHNA consists of 48 items each ranked from zero (no problem) to 10 (maximum problem). Its validity and reliability are untested.

Aim: To evaluate the psychometric properties of the eHNA by examining its construct validity.

Objectives:

- a) Test the internal consistency, and
- b) Analyse the factor structure of the eHNA.

Methods: Analysis of 5421 responses to eHNA obtained in England 2014-2015 using Rasch analysis and principal component analysis (Snowden et al, 2015). Differential item functioning (DIF) was examined for gender and whether people were classified as curative or not.

Results: The eHNA took mean (SD) 7.33 (6.33) minutes to complete and identified mean 6.39 (5.86) problems. It demonstrated very good reliability ($1\pm = 0.874$). All the items bar one fit with the Rasch rating model and were equivalently important to people. DIF was evident according to whether people were described as curative or not. A 12-factor solution explained 46% variance. Only one factor explained more than 5% variance, an emotional/spiritual factor accounting for 15%. Therefore no meaningful multi-factorial interpretation of the eHNA could be obtained, which adds further weight to the Rasch analysis that all the items were equally important.

Conclusion: The eHNA is valid and reliable in this sample. It is conceptually coherent with the construct of holistic needs assessment. Clinical focus is best directed to the individual items highlighted by the patient except where patients check too many problems for the patient/clinician to accurately prioritise. In these cases only, the emotional/spiritual factor may help identify appropriate action. Strengths and weaknesses of the analyses are discussed, particularly in relation to 'at risk' subsamples such as those classified as non-curative.

Recommended reading list

Snowden, A. & Fleming, M.P., 2015. Validation of the electronic Holistic Needs Assessment. SpringerPlus, 4(623). Available at: <http://www.springerplus.com/content/4/1/623>.

Biography

Austyn Snowden is chair in mental health at Edinburgh Napier University. He was a clinical nurse for 20 years and worked in a range of specialties in UK, Australia, Channel Islands and Saudi Arabia before becoming a full time academic in 2007. His research interests are all focused around the impact, function and facilitation of systematically listening to people.

He is currently principal investigator on a number of externally funded studies, including analysis of consultations in psychiatry and acute cancer care using MEDICODE; an original method of conversation analysis that allows the researcher to quantify contributions within conversations and thus measure subtle aspects of interventions not previously understood. He leads the evaluation of 'Improving Cancer Journeys', a Macmillan Cancer Support UK project designed to proactively support people newly diagnosed with cancer. He also leads the development of a Patient Reported Outcome Measure of spiritual care for NES and is particularly interested in validation studies generally. He is part of a team undertaking a longitudinal study examining the role of emotional intelligence and previous caring experience in nursing. For all papers, projects and presentations please see www.mendeley.com/profiles/Austyn-snowden

5.4.2 Abstract number 104

12:00pm

Randomised controlled trial of holistic needs assessment in outpatient cancer: preliminary findings:

Presenter: Professor Austyn Snowden, PhD RMN, School of Nursing Midwifery and Social Care, Edinburgh Napier University, Edinburgh, UK

Abstract

Background: Holistic Needs Assessment (HNA) is a checklist completed by the patient prior to consultation. It signposts issues of emotional, practical, financial and clinical concern. The purpose is to identify a patient's individual needs in order to facilitate better collaboration and support self management (Young et al, 2015).

Aim: This study aims to identify 1) if and how HNA affects the type of conversation that goes on during a clinical consultation and 2) if it has any impact on shared decision-making and self-efficacy.

Hypotheses:

1. Consultations will be more collaborative in HNA group.
2. Self-efficacy and shared decision-making will be scored higher in HNA group.

Methods: Randomised controlled trial in multiple UK head and neck and colorectal cancer clinics in 2015. All consultations were audio-recorded and analysed for dialogue ratio (DR) and preponderance of initiative (PI) using MEDICODE framework. Post-consultation the patient completed Lorig self-efficacy scale and CollaboRATE (Snowden et al, 2015).

Results: Participants were 40 patients at post-treatment stage. 22 were randomised to experimental (HNA) group, 18 to control. Mean age was 61(8) years: 15 female, 25 male. Most frequent concerns were physical. There were no significant differences in mean self-efficacy scores (exp = 8.1: con = 7.6) or shared decision-making scores (exp = 25.95: con = 25.15) between the groups. The average percentage of conversation initiated by the clinician was higher in the experimental group (exp = 76% con = 49%). Monologue was higher in the control group (con= 65%: exp =38%). Dialogue was higher in the experimental group (exp= 31%: con 19%).

Conclusions: Although the study is not yet sufficiently powered preliminary findings suggest that HNA changes the nature and impact of the clinical consultation. This presentation will present and interpret the latest results.

Recommended reading list

Young, J. et al., 2015. Improving the care of cancer patients: holistic needs assessment. British Journal of Nursing, 23(16), pp.S20-24.

Snowden, A. et al., 2015. Evaluating Holistic Needs Assessment in Outpatient Cancer Care: a Randomised Controlled Trial- the study protocol. BMJ Open, 5(e006840). Available at: <http://bmjopen.bmj.com/cgi/content/long/5/5/e006840>.

Biography

Austyn Snowden is chair in mental health at Edinburgh Napier University. He was a clinical nurse for 20 years and worked in a range of specialties in UK, Australia, Channel Islands and Saudi Arabia before becoming a full time academic in 2007. His research interests are all focused around the impact, function and facilitation of systematically listening to people.

He is currently principal investigator on a number of externally funded studies, including analysis of consultations in psychiatry and acute cancer care using MEDICODE; an original method of conversation analysis that allows the researcher to quantify contributions within conversations and thus measure subtle aspects of interventions not previously understood. He leads the evaluation of 'Improving Cancer Journeys', a Macmillan Cancer Support UK project designed to proactively support people newly diagnosed with cancer. He also leads the development of a Patient Reported Outcome

Measure of spiritual care for NHS Education Scotland and is particularly interested in validation studies generally. He is part of a team undertaking a longitudinal study examining the role of emotional intelligence and previous caring experience in nursing. For all papers, projects and presentations please see www.mendeley.com/profiles/Austyn-snowden

5.4.3 Abstract number 383

12:30pm

Evidence-based practice among nurses in Slovenian hospitals: A national survey

Presenter: Dr Brigita Skela-Savic, RN, MSC, PHD, Associate Professor, Dean, Faculty Of Health Care, Jesenice, Slovenia

Abstract

Background: Despite verified benefits of EBP, research evidence across different countries has shown extremely limited EBP implementation among nurses.

Aim: We investigated EBP beliefs and implementation, followed by the factors explaining the results in both fields.

Methods: A cross-sectional research design was employed in March 2015. The sample size was 534 nurses from 19 Slovenian hospitals. Standardized instruments EBP Beliefs Scale (Cronbach's Alpha = 0.914) and EBP Implementation Scale (Cronbach's Alpha = 0.969) were used. Obtained data was analyzed using descriptive statistics, correlation and factor analysis, and linear regression.

Results: Positive beliefs on EBP were significantly explained by perceived knowledge on research (p = 0.007), job satisfaction (p = 0.000), and length of employment in nursing (p = 0.008). Aversion to EBP was explained by poor perceived knowledge on EBP (p = 0.000) and a lack of education and training in EBP (p = 0.022), whereas a low level of EBP implementation was explained by poor perceived knowledge on research (p = 0.013) and EBP (p = 0.039), and the job satisfaction level (p = 0.008).

Discussion: Slovenian RNs have positive beliefs on EBP and a low level of EBP implementation. The development paradigm of self-monitoring and self-improvement was not present. According to the results, some resources required for improved EBP implementation are not made sufficiently available. In addition to perceived knowledge and education provided, an important factor is also job satisfaction, which points to the instrumental role of management workers in determining nurses' professional development.

Linking evidence to action: Nursing managers in Slovenian hospitals should promote the development of head nurses in research and evidence-based care. They can foster a culture of research

and EBP. In addition, management workers must formulate a future vision of research and EBP in nursing which should be included at all levels of hospital care.

Recommended reading list

Melnyk, B.M., Gallagher-Ford, L., English Long, L., & Fineout-Overholt, E. (2014). The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: Proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews on Evidence-Based Nursing*, 11(1), 5-15.

Stokke, K., Olsen, N.R., Espehaug, B., & Nortvedt, M.W. (2014). Evidence based practice beliefs and implementation among nurses: a cross-sectional Study. *BMC nursing*, 13, 8.

Yoder, L.H., Kirkley, D., McFall, D.C., Kirksey, K.M., Stalbaum, A.L., & Sellers, D. (2014). Staff Nurses' Use of Research to Facilitate Evidence-Based Practice. *The American journal of nursing*, 114(9), 26-37.

Biography

Dr. Brigita Skela Savic is an Associate Professor and Dean of the Faculty of Health Care (FHC) and Head of the Research Institute at the FHC. She is an Associate Professor of Management in Health Care and Nursing at FHC on subjects connected with research methodology, organization, and leadership. She is also a mentor for PhD students at the Medical faculty University Ljubljana and at the Faculty of organizational science University Maribor.

Dr. Brigita Skela Savic is a member of the Slovenian Nursing Board at the Ministry of Health and a member of different working groups at the same ministry. She was a member of the working group for drafting Nursing and Health Care Development Strategy of Slovenia (2011-2020). She is first author of Slovenian guidelines for nursing education at first Bologna level.

As of January 2013, Brigita Skela Savic is the Editor in Chief and Managing Editor of the scientific journal *Slovenian Nursing Review*. Since January 2012, she is a member of the Editorial Board for *Slovenian Journal of Public Health* and a reviewer for Slovenian and international journals. Since 2014, she is a member of International Advisory Board of review *Nurse Education Today*.

Theme: Interviewing

5.5.1 Abstract number 146

11:00am

Management of poor nursing performance: exploring ward sister/charge nurses' experience and decision making process

Presenter: Mrs Sonia Nelson, RN, PGDip, MSc, Belfast Health & Social Care Trust, Belfast, UK
Co-author(s): Felicity Hasson, N.Ireland; Paul Slater, N.Ireland

Abstract

Background: Management of poor performance is in an integral part of national and international Nursing policy. Ward Sister/ Charge Nurses are accountable for managing Nursing performance to ensure the delivery of safe, effective care. Little research to date has explored the factors which effect their decisions to manage poorly performing Nurses in the Acute Hospital Environment.

Aim: To explore Ward Sister/ Charge Nurses' experiences and decision making process of managing poorly performing Nurses in the Acute Hospital Environment.

Method: An exploratory descriptive qualitative method was adopted. Semi-structured one-to-one interviews were utilised with a purposive sample of 24 Ward Sisters located across four acute hospitals in one region of the United Kingdom. Transcriptions were analysed using a content analysis approach and was guided by the Theory of Planned Behaviour. Data was in collected between June - August 2013.

Results: Findings show that the policy guidelines for managing poorly performing Nurses are not always implemented in practice. Instead they adopted unregulated and unsystematic approaches to manage poor performance despite acknowledging that working outside of Policy could render them vulnerable. The factors which influenced the Ward Sisters decisions to performance manage could be predicted by normative, behavioural and control beliefs.

Discussion: Ward Sister/ Charge Nurses do not consistently engage with policy guidelines. They adopt ad-hoc responses which have ramifications for the quality of care provided.

Conclusion: Performance management guidelines which offer a flexible, person centred approach may enhance engagement and potentially narrow the theory-practice gap. A responsive approach may meet a greater need in understanding and accepting accountability within Nursing as to what this means in practice, and how it feels to practice this in the Ward setting, with confidence. Further research is recommended in this field.

Recommended reading list

1. Kings College (2010) Managing Poor Performance in Nursing and Midwifery; does the evidence make the grade? Policy Plus evidence, issues and opinions in Healthcare 28

2. Stone K, Traynor M, Gould D & Maben J (2011) The management of poor performance in nursing and midwifery: a case for concern. *Journal of Nursing Management* 19(6), 803-809.

3. Traynor M, Stone K, Cook H, Gould D & Maben J (2013) Disciplinary processes and the management of poor performance among UK nurses: bad apple or systemic failure? A scoping study. *Nursing Inquiry* 1-8.

Biography

Sonia Nelson is a registered Nurse who gained her BSc (Hons) Professional Development in Nursing, PgDip in Nursing & Midwifery Education and MSc in Developing Practice in Healthcare from the University of Ulster Belfast. Sonia has 30 years of nursing experience including 10 years of experience as a Nursing Development Lead within the Belfast Health and Social Care Trust. Within this role she continues to facilitate Practice Development in Nursing within Neurosciences at the Royal Victoria Hospital, and the Neuro-rehabilitation wards within Musgrave Park Hospital. Sonia has maintained her interest in developing Nursing practice through education ranging from Neuro-rehabilitation courses to the development of an eLearning programme for safe management of medicines processes. She is a recognised teacher with the University of Ulster, facilitating and supervising Nurses working in her Wards to develop their practice and attain their MSc through the Developing Practice in Healthcare Pathway. Her research interests include Disability simulation Training for staff working with patients who have traumatic brain injury and research into the management of poor performance in Nursing.

5.5.2 Abstract number 255

12:00pm

'Swimming upstream': nurse manager role stressors and coping strategies in western Canada

Presenter: Sonia Udod, University of Saskatchewan, College of Nursing, Saskatoon, Canada
Co-author(s): Greta Cummings, Canada; W. Dean Care, Canada

Abstract

Aim: The aim of this study examines nurse manager (NMs) role stressors and coping strategies in acute care organizations in 3 health regions in Western Canada.

Background: A stressful workplace can impair decision making and affect the mental and physical health of NMs, leading to poor performance, which ultimately decreases job satisfaction and may lead to turnover. The complexities of healthcare and work-life balance demand innovative approaches to achieve and sustain healthy work environments for NMs.

Method: A qualitative exploratory inquiry provides deeper insight into NMs' perceptions of their role stressors, coping strategies, and factors and practices in the organizational context that facilitate and hinder their work. A purposeful sample of 30 NMs participated in this study (2013-current). Data were collected through individual interviews and focus group interviews. Braun and Clarke's (2006) six phase approach to thematic analysis guided data analysis.

Conclusions: Evidence demonstrates that individual factors, organizational practices, and structures affect NMs stress that includes an evolving role with unrealistic expectations, responding to continuous organizational change, a fragmented ability to effectively process decisions due to work overload, shifting organizational priorities, and being at risk for stress-related ill health or intent to quit. Study findings suggest that chronic exposure to role stress and work complexity affect NMs health potentially threatening individual, patient, and organizational outcomes.

Conclusion: This study provides evidence-based practice and policy recommendations for supporting NMs work environments and understanding organizational complexity. As health care systems contend with predicted nurse and manager shortages (Murphy et al., 2009) opportunities to support NMs to do meaningful work as a way to retain existing managers and attract front line nurses to positions of leadership is imperative. Specifically, these findings have implications for intervention programs that enhance leadership approaches, address individual factors, and work processes.

Recommended reading list

Braun, V. & Clarke, V. (2006) 'Using thematic analysis in psychology.' *Qualitative Research in Psychology*, 3, 2, pp 77-101.

Murphy, G.T., Birch, S., Alder, R., MacKenzie, A., Lethbridge, L., Little, L. & Cook, A. (2009) 'Tested solutions for eliminating Canada's registered nurses shortage.' Ottawa, ON: Canada Nurses Association. Retrieved from: <http://www.nursesunion.ca/sites/>

Biography

Dr. Sonia Udod is an Assistant Professor in the College of Nursing, University of Saskatchewan, Canada. Her program of research focuses on nursing leadership and its effect on the quality of nurses work environments leading to improved patient, nurse and organizational outcomes (2013-18 Research Program, Udod). She is the recipient of a Saskatchewan Health Research Foundation Establishment Grant and recipient

of the Top Researcher Award in Socio-Health, 2013-14. She is a co-investigator on a CIHR grant investigating the integration of internationally educated nurses, a team member on the evaluation of the Lean transformation in Saskatchewan health care, and the PI on a grant investigating nurse managers' leadership practices within the Lean management system. In partnership with Dr. Michelle Lobchuk, Dr. Udod investigated family caregivers and nurses' work life (CANO Research Award), was an invited speaker to a Think Tank on Family Caregivers, and is now the PI on a national grant aimed at developing knowledge synthesis on 'Strategies Used by Chief Nurse Executives and Middle Nurse Managers in Meeting Family Caregiver Communication Needs: A Continuum of Healthcare Contexts in Saskatchewan.'

5.5.3

Abstract number 135

12:30pm

Stepping in, stepping out, stepping up: Research evaluating the ward sister supervisory role (REwardSS)

Presenter: Professor Kate Seers, PhD DSc, WMS, University of Warwick, Coventry, UK

Co-author(s): Linda Watterson, UK; Lynne Currie, UK.

Abstract

Research from 35 years ago showed the ward sister/manager is central to patient care (Pembrey 1980). Following poor standards of care, the Francis Report (2013) recommended ward sisters/managers should be supervisory; not part of the numbers required to provide direct care to patients. This study aimed to examine the impact of the change to supervisory ward sister status.

A Constructivist Grounded Theory (Charmaz 2014) approach was used. Interviews were held with 22 wards sisters in a supervisory role in two NHS Trusts in the UK. A second interview 4-6months later (n=17) explored how expectations had been met and any barriers or enablers. Four senior nurses were also interviewed and two focus groups (n=14, n=6) took place with the wider health care team. All interviews and focus groups were digitally recorded, transcribed in full and took place between March-November 2014. Ethical approval was obtained for this study. Data were analysed using constant comparison, were coded and emergent themes identified.

A core concept of 'being pivotal' emerged with four key categories of reclaiming all the role, forging a path, leading the way and connecting with the organisation. Supervisory ward sisters described how they managed and developed their team, were a clinical role model, represented and negotiated the interface with senior

management and were visible for patients and their relatives. Barriers to the role included staff shortages which led to them being Drawn back into the numbers. Organisational and peer support were important enablers.

Supervisory sisters continually updated a 360 degree view of the ward and used it to step in and step out of activities as needed. They stepped up and provided an informed and effective link between the ward and senior levels of the organisation. Evaluating the impact of the role, especially less visible aspects, was challenging and needs further work.

Recommended reading list

Pembrey S (1980) *The Ward Sister: Key to Nursing*. RCN London.

Francis R (2013) *Report of the Mid-Staffordshire NHS Foundation trust Public Inquiry*. Final Report. HC947. The Stationery Office, London.

Charmaz K (2014) *Constructing grounded theory: A practical guide through qualitative analysis*. Sage, London.

Biography

Kate Seers is Professor of Health Research and Director of the Royal College of Nursing Research Institute. She has a long track record of undertaking research that makes a difference to understanding and improve care.

Theme: Interviewing

5.6.1

Abstract number 344

11:00am

Severe mental illness and type 2 diabetes: What are the challenges for mental health service users and healthcare professionals?

Presenter: Dr Julia Jones, PhD; BA (Hons), City University London, London, UK

Co-author(s): Frederique Lamontagne-Godwin, UK; Hayley McBain, UK; Kathleen Mulligan, UK; Mark Haddad, UK; Chris Flood, UK; David Thomas, UK; and Alan Simpson, UK.

Abstract

Background: People with Severe Mental Illness (SMI) have an almost two-fold risk of developing type 2 diabetes compared with the general population (Osborn et al, 2008). This increased risk has been attributed to the effects of anti-psychotic medications and lifestyle factors such as poor diet, obesity and physical inactivity (Mathur et al, 2012). Given the importance of lifestyle in the management of type 2 diabetes, it is important that mental health

service users possess the knowledge and skills required to successfully manage their condition. Challenges also exist for healthcare professionals (HPCs) in the delivery of care for people with diabetes and SMI.

Aims: 1. To gain a greater understanding of the views of service users with SMI regarding the management of their diabetes

2. To gain the views of healthcare professionals regarding the challenges of delivering recommended diabetes care to people with SMI

Methods: Semi-structured interviews were conducted with 14 service users with SMI and type 2 diabetes and 16 HPCs between November 2014 and May 2015 in London. The interviews were informed by the Theoretical Domains Framework (TDF) for behaviour change (Cane et al 2012) and data analysis was conducted deductively using the TDF as a coding framework.

Results: Service users were aware of the need to maintain stable blood glucose levels, take medication, eat healthily and exercise. However, episodes of poor mental health limits their ability to manage diabetes. The interviews with HPCs revealed role ambiguity regarding the provision of physical and mental health care for people with SMI within mental health services and primary care.

Conclusion: The findings are being used to develop and evaluate a diabetes self-management intervention tailored for people with SMI.

Recommended reading list

Cane, J., O'Connor, D., & Michie, S. (2012). Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implementation Science*, 7, 37.

Mathur, R., Hull, S. A., Boomla, K., & Robson, J. (2012). Ethnic differences in primary care management of diabetes and cardiovascular disease in people with serious mental illness. *British Journal of General Practice*, 62, e582-e588.

Osborn, D. P., Wright, C. A., Levy, G., King, M. B., Deo, R., & Nazareth, I. (2008). Relative risk of diabetes, dyslipidaemia, hypertension and the metabolic syndrome in people with severe mental illnesses: systematic review and metaanalysis. *BMC Psychiatry*, 8, 84

Biography

Julia is a health geographer by background and has worked in mental health research since 1995 with research posts in Oxford for the RCN Institute and at the University of Verona, Italy. She has worked at City University London since 2005 in a number of research and lecturing roles and was appointed a Reader in 2009. Current research interests include the interface between physical and mental ill-health and collaborative research between service users, carers and healthcare professionals in the fields of mental health and kidney care. In her role at City University London, Julia is a Senior Tutor for PhD students in the Centre for Mental Health Research and deputy chair of the School of Health Sciences Research Ethics Committee.

Julia is a core staff member of SUGAR (Service User & Carer Group Advising on Research) and leads on the research training for the users and carers in the group.

5.6.2

Abstract number 213

12:00pm

Nurses and healthcare support workers experiences of enhanced observations and impact on their health and wellbeing

Presenter: Dr Mary Addo, PhD, MEd, MA Soc Sci, DMS, PgCertTLL, RMN, Lecturer, Robert Gordon University, Aberdeen, UK

Co-author(s): Ms Jenny Gibb, Scotland, Dr AuDrey I. Stephen, Scotland

Abstract

Background: Quality care is fundamental to patients' experience of health services globally, and the health and well-being of staff is vital for quality service delivery. Enhanced observations (EO) are common interventions undertaken by nurses and healthcare support workers (HCSW) to manage patient risks in acute mental healthcare. Nurses' and HCSWs' perspectives of the impact of this role on their mental health and wellbeing are poorly understood.

Aim: This paper explores impacts on nurses' and HCSW's related to taking part in EO in acute mental healthcare.

Method: A purposive sample of sixteen nurses and four HCSWs from a Scottish NHS board area voluntarily participated. Data were gathered via digitally recorded semi-structured interviews. Transcripts were analysed using framework analysis method.

Results: Five themes emerged: (i) effects of EO on health and wellbeing, (ii) decision making processes; (iii) challenges; (iv) preparation for undertaking EO, and (v) support for staff.

Discussion: Undertaking EO can be 'emotionally Draining' impacting on staff health and wellbeing and the care of other patients. Nurses need to have their professional opinions valued in the decision-making process, and central to their ability to deal with EO are opportunities to access support including clinical supervision. The themes provide meaningful insight into experiences of EO.

Conclusion: Development of specific training for undertaking EO for nurses and healthcare support workers could enable a compassionate approach to EO as a basis for high quality care of the patient, self and others. The outcomes from this pilot study will inform development of a national study.

Learning outcomes:

1. Understand the impact of EO on staff health and wellbeing.
2. Understand implications for practice development and education of mental health staff.
3. Consider development of specific training for undertaking EO.

Recommended reading list

Addo, A.M., McKie, A., Kettles, M.A., Gibb, J., Gass, J., & Yule, M. (2010) Are nurses empowered to make decisions about levels of patient observation in mental health? Practice research report. *Nursing Times*, vol 106, no9, pp.26-28.

Kettles, A.M. & Addo, M. A. (2009) Observation as an intervention: Time for an overview. *Journal for Psychiatric and Mental Health Nursing*, vol 16, no9, pp.813-821.

Department of Health (2010) The Boorman Report on the Health and Well-being of NHS Staff. Available at: http://www.robertson-cooper.com/files/boorman_download.pdf [Date accessed 2 November 2015].

Biography

Mary Addo, PhD, is a Lecturer in Mental Health Nursing at the School of Nursing and Midwifery, Robert Gordon University. She leads undergraduate and postgraduate modules, and supervises postgraduate researchers. She has actively contributed to NHS Education Scotland and Scottish Government national initiatives in the area of mental health. Her research interests are Driven by her passion to illuminate the lived experiences of mental health nurses, and to inform future workforce planning and patient care.

AuDrey Stephen, PhD, is a research fellow in the School of Nursing and Midwifery, Robert Gordon University. Her main research interest is in bereavement and bereavement care. Other interests are in staff support in acute care settings, including mental healthcare. She also supports students from undergraduate to doctoral level to develop and pursue engagement in research and its application in health-care practice.

Jenny Gibb is the Associate Nurse Director for the Mental Health and Learning Disabilities Services in NHS Grampian. She has an enthusiasm for ensuring a professional nursing service where patients receive quality care and nurses feel confident, well equipped and supported to deliver this. Her background is in clinical practice, research and education and her interests are Driven by promoting staff wellbeing.

5.6.3 Abstract number 196
12:30pm

Exploring young adult service users' perspectives on mental health recovery

Presenter: Dr Claire McCauley, Mpharm, MPSNI, MSc, PhD, Researcher, Ulster University, Derry, UK

Co-author(s): Professor Hugh McKenna, Northern Ireland; Dr Sinead Keeney, Northern Ireland; Dr Derek McLaughlin, Northern Ireland

Abstract

Background: Recovery research has suggested that 'recovery from' symptoms is only part of the recovery journey, that 'recovery in' the experience of mental illness through hope, the re-establishment of identity and inclusion are essential (Slade 2010). This study explored if the experience of suffering contributes to the generation of hope, meaning and growth (Eriksson 2006).

Aim: This research study aimed to explore young adult service users' perspectives on mental health recovery.

Methods: The study involved a three phased qualitative design. Phase 1: A concept analysis of recovery was conducted using Rodgers and Knafl (2000) evolutionary method. Phase 2: Two engagement groups with service users were undertaken for the co-production of the semi-structured interview schedule. Phase 3: Semi structured qualitative interviews were conducted with 25 young adult services users to ensure an in depth understanding of their recovery journey.

Results: The phase one findings propose a new conceptual definition suggesting the term 'recovery' is not reflective of the identified conceptual characteristics. Phase two developed a collaborative method with service users to co-produce a semi-structured interview schedule, which was used in phase three. Phase three findings revealed recovery is understood as an uncharted, timely and personal process of engaging and transcending pain. This requires the perceptions of painful experiences to be refocused, taking ownership of its experiential learning while discarding its destructive potential. Recovery is understood to have real life relevance when it is applied to the contextual factors that provide meaning in an individual's life.

Discussion/Conclusion: This study has provided insight into young adult service users' perspectives on mental health recovery, highlighting the perceived barriers and the internal processes that are experienced within the process. The findings can be used to provide tailored and targeted information to enable the provision of care to be more closely aligned to service user perspectives.

Recommended reading list

Eriksson, K. (2006) *The Suffering Human Being*. Chicago: Nordic Studies Press.

Rodgers, B.L., Knafl, K.A. (2000) *Concept Development in Nursing: Foundations, Techniques, and Applications*. Philadelphia: W.B Saunders Company.

Slade, M. (2010) Mental illness and well-being: the central importance of positive psychology and recovery approaches. *BMC Health Services Research*, 10 (26).

Biography

Dr Claire McCauley is a researcher at Ulster University. Her PhD research explored young adult service user perspectives on mental health recovery in Northern Ireland. The first phase of her PhD study, A Concept Analysis of Mental Health Recovery in Young Adulthood has been published in the *Journal of Psychiatric and Mental Health Nursing*.

Claire is a pharmacist who worked in the local community since 2006. She was awarded Young Community Pharmacist of the year in 2011. However, she returned to education at Ulster University in 2012 completing an MSc in Health Promotion and Public Health. Her MSc thesis on perinatal depression was published in *The International Journal of Mental Health Promotion*.

Claire has presented her findings at conferences such as the Refocus on Recovery Conference in King's College, London; The Irish Institute of Mental Health Nursing in Trinity College Dublin; The Public Health Agency Annual Scientific Conference in 2015 and at Ulster University's Mental Health Conferences 2013, 2014 and is a keynote speaker in 2015. Claire was invited to present her PhD findings at the 4th ECMH in Riga, Latvia. Claire has presented her findings to the All Party Working Group on Mental Health in the Northern Irish Assembly.

Theme: Mixed Methods

5.7.3 Abstract number 113
12:30pm

Exploring experiences of tinnitus: Implications for nursing practice

Presenter: Mrs Gill Truscott, MSc, BA(Hons), PGCPD, RNT, RGN, Senior Lecturer, Glyndwr University, Wrexham, UK

Co-author(s): Dr Debbie Roberts UK; Dr Stuart Cunningham, UK; Dr Sara Wheeler, UK

Abstract

Background: Tinnitus is described as 'perception of sound in the absence of a corresponding external acoustic stimulus' (Langguth et al 2013: 920). Globally, tinnitus affects between

10%-15% of adults, and is debilitating in approximately 1-2% of this group (Langguth et al 2013). Consensus exists within the literature that tinnitus is both heterogeneous and complex, with no cure and treatment options varying in effectiveness. Much of the research undertaken in this area is quantitative in nature; evidence exploring the day to day experiences of individuals living with and managing their tinnitus is scarce.

Aims: To inform nursing practice by exploring the experiences of individuals living with tinnitus and the impact this has on their wellbeing.

Methods: Ethical approval was granted by the University Ethics Committee and informed consent was obtained from all participants. Purposive sampling (N=213) was initially undertaken, followed by subsequent snowball sampling (Biernacki & Waldorf, 1981). Inclusion criteria consisted of adults with long-term tinnitus aged 18 years and over. Data were collected via an e-survey portal and face to face interviews in February/March 2015 and analysed thematically (Braun & Clarke, 2006).

Results: Tinnitus is severely debilitating for almost 20% of participants, as opposed to the 1-2% suggested in existing literature. The experience is poorly understood by both family and healthcare professionals. Whilst for 17 individuals tinnitus is not intrusive; others have learned to live with it, (n = 18) but for most the impact is far more extreme, (n = 41) with some contemplating suicide (n = 2).

Conclusions: Tinnitus impacts on every aspect of daily living. Furthermore, the effect of tinnitus can be overlooked by healthcare professionals. The findings will be used to develop a personal toolkit to help individuals manage their tinnitus and to inform nursing praxis; this future work will be explored in the session.

Recommended reading list

Biernacki, P., Waldorf, D. (1981) *Snowball Sampling: Problems and Techniques of Chain Referral Sampling*. *Sociological Methods Research*, vol,10, no2, pp 141-163.

Braun, V., & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, vol 3, pp 77-101.

Langguth, B., Kreuzer, P.M., Kleinjung, T., De Ridder, D. (2013) Tinnitus: causes and clinical management. www.thelancet.com/neurology, Vol 12, September, pp 920-930.

Biography

I have worked in the clinical speciality of ENT nursing for over 20 years; my last clinical role being that of an ENT nurse practitioner, where I predominantly specialised in aural care. During this time I also visited Bangladesh on a number of occasions as a member of the team who founded the first cochlear implant programme in the country.

During my time as a nurse practitioner I worked with many people who had tinnitus, and now as lecturer in nursing and health I have had

the opportunity to work collaboratively with academic colleagues and Action On Hearing Loss Wales to explore the impact of tinnitus on the daily lives of those experiencing the phenomenon. This research Draws on my clinical expertise and is focused on improving the patient experience and helping nurses to understand the lived experience of patients in order to inform clinical practice. I hope to undertake further work in this area, so I can use the findings to help individuals cope with and manage their symptoms on a day to day basis.

Theme: Statistical analysis

5.8.1 Abstract number 38

11:00am

Resilience in police

Presenter: Dr Sandra Ramey, PhD, Academic Faculty, The University of Iowa, USA

Co-author(s): Yelena Perkhounkova, PhD USA, Maria Hein MSW USA, Sophia Chung PhD USA, Warren Franke PhD USA, Amanda Anderson MS USA

Abstract

Background and Aims: Exposure to stress in police work affects performance and health. The study examined the feasibility of implementing an innovative stress-resilience intervention for modifying psychological stress, autonomic response to stress and cardiovascular disease risk factors in police officers. Additionally, we evaluated the applicability, acceptability, compliance, and cost of the intervention in real-life conditions (2014). Since police are present internationally and work in the public domain, the health of police should matter to everyone.

Methods: Subjects included police officers age 21 to 65 years ($n=40$). To self-regulate responses to stress, officers were educated on techniques to manage emotional and physical responses to stress, 2) practiced self-regulation and 3) wore a non-invasive heart-rhythm monitor evaluate heart rate variability. Data analysis included calculation of differences in outcomes from pre- to post-intervention testing using a one-sample two-sided t-test to compare the average difference with null change. Cohen's d was estimated and used as an acceptable measure of effect size (ES) when outcomes before and after an intervention are compared. Pre to post-difference in coherence was tested using a one-sample two-sided t-test. To evaluate relationships between differences in coherence and differences in outcomes, Pearson correlation coefficients (r) were calculated. Correlations among variables were examined.

Results: Post intervention officers showed reduction in diastolic blood pressure ($M = -6.8$, $SD = 9.3$, $p = .02$, $d = 0.73$), correlation coefficient values for the relationship between differ-

ences in coherence and differences in outcomes were large for Impact of Event Scale Avoidance subscale ($r = -.58$, $p = .10$), Impact of Event Scale total score ($r = -.55$, $p = .13$), and clinically significant changes were found for both the sympathetic and parasympathetic contributors of heart rate variability.

Conclusion: Results support post intervention change and these methods may well be applicable to other high stress occupations.

Recommended reading list

Franke, W, Ramey, S & Shelly, M 2002. 'Relationship between cardiovascular disease morbidity, risk factors, and stress in a law enforcement cohort', *Journal of Occupational and Environmental Medicine*, vol. 44, no. 12, pp. 1182-1189.

Miller, L 2008. 'Stress and resilience in law enforcement training and practice', *International Journal of Emergency mental health*, vol. 10, no. 2, pp. 109-124.

Ramey, SL, Downing, NR, Franke, WD, Perkhounkova, Y, & Alasagheirin, MH 2012. 'Relationships among stress measures, risk factors, and inflammatory biomarkers in law enforcement officers'. *Biology Research for Nursing*, vol. 14, no.1, pp. 16-26.

Biography

Professor Ramey is faculty at the University of Iowa College of Nursing with a secondary appointment in the College of Public Health. The study presented here was funded by the US Department of Justice in 2013. Dr. Ramey has worked for the past 14 years with multiple police agencies in the US and Hawaii. Most recently she was invited to testify for the President Obama's Task Force on 21st Century Policing in Washington, DC in Fe. 2015. She was the only nurse invited to testify. Her research trajectory has included the basic surveillance work to query CVD risk factors and extensive biological studies of cytokines and inflammatory markers, physical inactivity and other risk factors in police. Her program of research has culminated in the development of an exciting intervention to increase resilience in police in the US. Improving resilience will improve the performance, decision-making and health of police and the intervention will also be applicable to other occupations who experience stress in the workplace.

5.8.2

Abstract number 220

12:00pm

Developing, implementing and embedding a theory-based behavioural intervention to promote continence in community living adults'

Presenter: Dr Rona Agnew, RGN, Dip DN, NHSGGC, Elderspark Clinic, Glasgow, UK

Co-author(s): Professor Jo Booth, Scotland, UK

Abstract

Introduction: Although a high priority for older women, older people are less likely to discuss their bladder or bowel dysfunction with health care professionals than younger individuals and fewer than half seek care even when their symptoms are severe. Traditional approaches have focused on activities more associated with managing urinary incontinence. With containment costs and the older population increasing, cost pressures on the caring services are growing. A change in paradigm is therefore crucial for the future of bladder and bowel care. This study aimed to develop and implement into practice a behavioural intervention to enable paradigm change from management of incontinence to continence promotion.

Method: Using previous research evidence¹ to guide development, a one hour theory based educational workshop, based on lifestyle modification and behavioural interventions (BIG) was delivered to all women referred to a continence service in Glasgow between July and December 2014. Immediately following the group, these women were screened and provided with a bladder diary to complete and bring back to their clinic appointment. Pre and post outcome measures using ICIQ-UI2 and AUASI3, along with service indicators such as waiting times, attendance rates, reduced containment costs, patient satisfaction, were measured.

Findings: 755 women attended a BIG group during the data collection period. Mean age attending group was 62 years (range 15 to 102 years). 99% of women attending considered themselves white, 54% had previously sought treatment.

Patient self-reported lower urinary tract symptoms and urinary incontinence were significantly improved at 12-weeks post BIG group. Service outcomes show that waiting times and patient attendance rates were improved with an overall decrease in costs associated with containment products.

Conclusion: Group education and screening has improved patients perception of their symptoms and leakage. It has had a positive impact on the service delivery and improved access for patient with bladder dysfunction.

Recommended reading list

Tannenbaum, C., Agnew, R., Benedetti, A., Doneal, T., Van den Heuvel, E. (2013) Effectiveness of continence promotion for older women via community organisations : a cluster randomised trial, *BMJ Open* 3:e004135

Avery K, Donovan J, Peters T, Shaw C, Gotoh M, Abrams P.(2004) The ICIQ: a brief and robust measure for evaluating the symptoms and impact of urinary incontinence. *Neurourology and Urodyn.* 23(4):322-30

Barry MJ, et al. (1992). American Urological Association symptom index for benign prostatic hyperplasia. *Journal of Urology*, 148(5): 1549-1557.

Biography

Rona trained as a Registered General Nurse in Glasgow in 1981. Since then she has had a variety of nursing roles including District Nursing, Co-ordinator for Older People Services and Primary Care Adviser for the Royal College of Nursing (Scotland). She completed her PhD in 2012 and her thesis won the Royal College of Nursing Research Society Akinsanya award in 2013. As part of a post doctorate studies Rona carried out a randomised controlled trial exploring delivery of behavioural intervention and self-management workshops to women who were 60 years or older which achieved the presidential award for the 'Best Clinical Trial' at the American Geriatric Society meeting in Seattle May 2012. Rona has since redesigned continence service in NHS GGC using the findings from the research where she currently works as a Service Manager and clinical research fellow for the SPHERE Bladder and Bowel service. This research into practice innovation won the Dorothy Mandelsham award and was presented to Rona at the ACA National Conference in Birmingham on the 9th May 2014. Rona also presented her work at this year's international continence society conference in Montreal, Canada.

5.8.3

Abstract number 270

12:30pm

Development of vascular complications in young people with type 1 diabetes: a continuing story

Presenter: Professor Lin Perry, PhD MSc RN, University of Technology Sydney, Sydney, Australia

Co-author(s): Janet Dunbabin, Australia; Robyn Gallagher Australia; Julia Lowe, Canada; Steven James, Canada; Kate Steinbeck, Australia

Abstract

Introduction: Even in youth Type 1 diabetes is linked to the development of vascular complications that reduce longevity (James et al 2014). Regular preventive care and complications screening supports maintenance of good blood glucose control, and can defer onset of complications (DCCT/EDIC 2003). However, this is particularly challenging during early adulthood.

Aims: To map health service usage, rates and factors predicting development of vascular complications (hypertension, retinopathy and nephropathy) in a cohort of young adults (16-30 years) with type 1 diabetes in the Hunter New England district of New South Wales, Australia.

Methods: With Ethics Committee agreement, we undertook cross-sectional retrospective documentation surveys of case notes of young adults with type 1 diabetes accessing public health services in the area in 2010-2011 (James et al 2014b), then 2012-2014. We reviewed clinic records, hospital attendances and admissions and associated records, extracting service usage, complications screening and vascular complications data. Independent predictors were modelled using linear and logistic regression analyses.

Results: In 2010-2011 we identified a cohort of 707 patients, mean (SD) age 23.0 (3.7) and 10.2 (5.8) years diabetes duration; 652 were followed to end 2014. Initial analyses revealed poor routine preventative service usage and complications screening (41%-43% had none), with 45%-46% having unplanned acute service contacts. Complications records were incomplete but hypertension was common, affecting 48.4%. Diabetes duration, glycaemic control, lack of service contact and use of insulin pumps predicted presence of vascular complications. Later analyses revealed continuing but attenuated patterns, with no significant change in crisis and routine service usage and increasing rates of vascular complications.

Discussion: Findings flag a continuing picture of suboptimal service support and glycaemic control in young adults.

Conclusion: Better understanding is required of how to engage young people in routine care, to better meet their needs and improve glycaemic outcomes.

Recommended reading list

James S, Gallagher R, Dunbabin J, Perry L: Prevalence of vascular complications and factors predictive of their development in young adults with type 1 diabetes: systematic literature review. *BMC Research Notes* 2014;7:593 doi:10.1186/1756-0500-7-593

James S, Perry L, Gallagher R, Lowe J, Dunbabin J, McElduff P, Acharya S, Steinbeck K. Service usage and vascular complications in young adults with type 1 diabetes. *BMC Endocrine Disorders* 2014b, 14:39 doi:10.1186/1472-6823-14-39

The Diabetes Control and Complications Trial/ Epidemiology of Diabetes Interventions and Complications (DCCT/EDIC) Research Group: Sustained effect of intensive treatment of type 1 diabetes mellitus on development and progression of diabetic nephropathy: the Epidemiology of Diabetes Interventions and Complications (EDIC) study. *JAMA* 2003, 290(16):2159-2167.

Biography

Lin Perry is Professor of Nursing Research and Practice Development, University of Technology Sydney and the Prince of Wales Hospital, Sydney Hospital and Sydney Eye Hospital, South Eastern Sydney Local Health District, New South Wales. The main focus of her work is broadly around research capacity development, service and practice development and evaluation, with major clinical topics of chronic disease management, particularly stroke and diabetes.

Theme: Interviewing

5.9.1

Abstract number 20

11:00am

Selecting the right candidates with the right values for nursing.

Presenter: Mrs Jane Welby, MSc. BSc (Hons) RGN RM, School of Nursing, Faculty of Health Studies, University of Bradford, Bradford, UK

Co-author(s): Dr Chris Dearnley, England; Dr Anita Sargeant, England; Professor Gerry Armitage, England

Abstract

Background: The values that underpin international definitions of nursing (WHO 2015; ICN 2015) are analogous, but selecting candidates for nursing with the right values is an extremely complex responsibility. In the UK, there appears to be an assumption that core nursing values have been lost to technological improvements and advanced practice. Inquiry reports (Francis 2013; Willis 2015) serve as Drivers for a values based recruitment (VBR) strategy, being implemented in 2015 (Health Education England 2014). This study explored the values that under-

pinned selection prior to VBR to determine the values by which stakeholders recruit candidates for nursing and how these values have been constructed.

Method: Grounded theory from a social constructivist perspective was employed using purposive then theoretical sampling consistent with the approach. Thirty in-depth individual interviews were undertaken, and these data were analysed by constant comparison producing a number of novel theories.

Findings: Participant's acknowledged that they selected candidates for nursing based on values, influenced by their experiences but they were also subject to barriers. Three key themes were apparent relating to social science theories: power relationships; socialisation, and intuition.

Discussion: The participant's in this study had clear personal objectives. These included recruiting for values which were underpinned by perceived equal partnerships with other stakeholders; the values they held dear which had been constructed through their experiences, and an intuitive approach which was complex but arguably based on embodied knowledge and expertise. Barriers which appear to inhibit the process include organisational and commissioning imperatives.

Conclusion: Whilst it appears that the core values by which stakeholders recruit the next generation of nurses remain constant, they lack standardisation and transparency suggesting that a more strategic selection process addressing partnerships and shared understanding between stakeholders.

Recommended reading list

Grusec JE and Hastings PD (editors) (2006) *Handbook of Socialization: Theory and Research*. New York USA: Guilford Press

Health Education England (2014) *Values Based Recruitment*. <https://hee.nhs.uk/work-programmes/values-based-recruitment/> Accessed 24th September 2015

Myers D G (2002) *Intuition: its powers and its perils*. New Haven CT USA: Yale University

Biography

I am a nurse having registered in the late 1970's and have been a lecturer in the school of nursing at the University of Bradford for the past eleven years. I was very fortunate to have been giving the opportunity to study for a PhD and commenced in October 2011 on a part time basis. My professional interests are in Values based recruitment, neonatal nursing, public health and healthcare law and ethics.

5.9.2

Abstract number 182

12:00pm

Experiences of breathlessness in chronic heart failure: patients' perspective

Presenter: Dr Helen Walthall, PhD, RGN, Faculty of Health and Life Sciences, Oxford Brookes University, Oxford, UK

Co-author(s): Mary Boulton, England UK, Crispin Jenkinson, England, UK

Abstract

Background: Breathlessness is the most common symptom experienced by patients with chronic heart failure (CHF) (Heo et al, 2008). It affects activities of daily living and quality of life, and is closely linked to mortality (Seo et al, 2011). It's often assessed by frequency of the symptom and distress caused to the patient (Johnson et al, 2010), yet this provides little understanding of how it impacts on a patient and how it is managed.

Aims: To explore how patients with CHF describe their experiences of breathlessness, how daily life is affected and how they adjust and manage these symptoms.

Methods: A qualitative study design using semi-structured interviews was adopted, enabling the patient to tell their story of living with CHF and to discuss their perception of symptoms in the context of their lives. Interviews were conducted between November 2012 and June 2013. The sample size was 25 obtained through purposive sampling. Interviews were analysed thematically. Each transcript was coded for breathlessness and CHF in general. The coded data were reviewed, discussed and grouped into sub-themes. Full ethical approval was granted

Results: Four sub-themes were identified: nature of breathlessness, emotional impact of breathlessness, impact of breathlessness on daily life and managing breathlessness. Participants also described living with CHF in broader terms including quality of sleep, changes in roles and loss of valued activities, response to the meaning of CHF for the future and taking control and making choices.

Discussion: Participants were able to give vivid descriptions of breathlessness and the way it affected their lives which are not captured by methods of assessment commonly used in clinical practice. This limits practitioners' understanding of breathlessness as experienced by patients.

Conclusion: A better understanding of patients' experiences is required to work with patients to manage their symptoms.

Recommended reading list

Heo S, Doering LV, Widener J, Moser DK. (2008) Predictors and Effect of physical symptom status on health related quality of life in patients with heart failure. *American Journal of Critical Care*, vol 17, no 2, pp 124-132.

Johnson MJ, Oxberry SG, Cleland JGF, Clark AL (2010). Measurement of breathlessness in clinical trials in patient with chronic heart failure: the need for a standardized approach: a systematic review. *European Journal of Heart Failure*, vol 12 no 2, pp 13

Seo Y, Roberts CL, La Framboise, Yates BC, Yurkovich JM (2011). Predictors of Modifications in instrumental activities of daily living in persons with heart failure. *Journal of Cardiovascular Nursing*, vol 26, no 2 pp: 89-98.

Biography

Helen Walthall is a qualified adult nurse who specialises in cardiorespiratory care. Helen graduated in 1995, completed her Postgraduate Diploma in Adult Education in 1996 and her PhD studies in 2003. Helen is currently a Principal Lecturer/Programme Lead for the Advanced and Specialist Practice cluster in the Department of Applied Health and Professional Development at Oxford Brookes University. She is responsible for a number of undergraduate and postgraduate specialised clinical courses within the department, and teaches on the Advanced Practice programmes, including research methods, diagnostic reasoning and advanced clinical assessment. Helen supervises a number of Master's thesis, PhD doctoral students and Professional Doctorate students and works with nurses to develop and implement the acquisition of research skills and knowledge into practice.

Helen is research active undertaking a number of research projects which focus on nursing and patients with chronic illness. Her research interests include the impact of fatigue and breathlessness on patients, breathlessness management in heart failure, end of life issues for patients, support for carers, pressure ulcer assessment and the development of a patient reported outcome measure for patients with heart failure. Helen works closely with clinical colleagues in the acute and community NHS trusts.

5.9.3

Abstract number 53

12:30pm

Student nurse perceptions of the delivered curriculum within 21st century nursing education

Presenter: Mrs Nicola Morrell, M.Ed, BA (Hons), RNA, PT, FHEA, Liverpool John Moores University, Liverpool, UK

Abstract

Background: The health needs of any nation is critically dependant on the relevant and appropriate education of its nurses (Turale, 2011). This research deals with the issue of the complexities of providing care for the public in the 21st century, against the expectations of student

nurses. Thomas and Davies (2006) discuss how nurses have a duty to promote and maintain clinical standards to ensure safe and effective patient care, and this process begins as a pre-registration student nurse, therefore it is imperative that as educators we get this right from pre-registration.

Aims: This research illuminates 3rd year student nurses perceptions of if their programme prepares them to practice within the 21st century, and examines what skills and knowledge 3rd year student nurses believe they need to practice.

Methods: A qualitative, phenomenological approach was taken, using semi structured interviews from a purposive sample of 3rd year student nurses, to gain the thoughts of 20 3rd year student nurses from a UK HEI, during September 2015. Data collection consisted of undertaking semi structured interviews. Interpretive Phenomenological Analysis was the data analysis method employed. The use of IPA is growing within qualitative research, examining how people makes sense of life experiences (Smith, Flowers & Larkin, 2009).

Results: Participants felt prepared to register. Participants perceived all skills taught were relevant but discussed how there were other skills which they felt could ease the transition to registrant, and develop their practice within the 21st century.

Discussion: Student nurses perceive that they should be acquiring more advanced skills to enable them to 'hit the ground running' when registering.

Conclusions: Conclusions Drawn were that participants perceived the curriculum to adequately prepare them for practice within the 21st century, although allowing pre-registration student's skill acquisition to develop improved skills would allow them to feel more confident when registering.

Recommended reading list

SMITH, J.; FLOWERS, P.; LARKIN, M. (2009) Interpretive Phenomenological Analysis: Theory, Method and Research. London: Sage.

THOMAS, E.; DAVIES, B. (2006) Nurse teachers' knowledge in curriculum planning and implementation. *Nurse Education Today*, v. 26, p. 572-577.

TURALE, S. (2011) Preparing nurses for the 21st century: Reflecting on nursing shortages and other challenges in practice and education. *Nursing & Health Sciences*, v. 13, n. 3, p. 229-231.

Biography

Nicola has worked as a Senior Lecturer at Liverpool John Moores University since 2015. Prior to employment at LJMU Nicola has worked within other North West Universities in a variety of roles. Nicola's clinical experience is in critical care, where her specialities include cardiothoracic critical care, alongside general critical care. Nicola continues to maintain her clinical credibility through still working clinically in critical care. Nicola is currently nearing completion of her PhD at Lancaster University and her research interests include amongst other things, student experience, curriculum design, teaching and learning, and the links between nurse education and work within nursing for the 21st century.

Concurrent session 6

Thursday 7 April 14.00 - 14.55

Theme: Interviewing

6.1.1 Abstract number 159

2:00pm

Images and words: the lived experience of young people with type 1 diabetes

Presenter: Mrs Ainsley James, BN, Grad cert. paed, Grad.cert. HEd, MN, Academic/lecturer, Federation University Australia and Monash University, Churchill, Australia

Co-author(s): Professor Lisa McKenna, Australia; Professor Karen Francis, Australia

Abstract

Background: Type 1 diabetes (T1D) is a global concern and continues to increase in young populations (International Diabetes Federation 2013). In Australia, there are 10,000 young people currently transitioning from paediatric to adult care; 30-40% are 'lost' from specialist adult care during transition, with one third requiring mental health support (Diabetes Australia 2010). Young people diagnosed with T1D experience lifelong changes that some find difficult to accept and cope, while others cope quite well.

Aims: We aimed to provide young people, with a voice to describe what life is like living with T1D; to discover the meaning of their lived experience; to inform healthcare professionals about participants' experiences; to improve healthcare experiences of young people by developing recommendations enabling healthcare professionals to tailor care; and inform other young people with T1D so experiences may resonate.

Methods: Using van Manen's (1990) phenomenological approach, ten participants aged 16-24 years were recruited and interviewed. Interviews were recorded, transcribed verbatim and thematically analysed to identify examples of lived experience. Participant's also created artwork representing their lived experience in photographs, drawings and collages. Participants provided interpretations of the artwork, adding further depth, richness and rigour to the lived experience descriptions and themes.

FINDINGS: Preliminary findings delivered rich descriptions and interpretations of participants' lived experience and centres on a sense of being different, being in control, relationships with others and accepting the future. The findings provided insights, understanding and awareness of young people's experiences.

DISCUSSION/Conclusion: T1D in young people is a global concern. By providing powerful insights, healthcare professionals can transform their practice by being better placed to provide

relevant, contextual and adolescent specific care to those experiencing chronic illness; care that takes into consideration the impact of T1D by tailoring care that 'fits' into, and with, the young person's life.

Recommended reading list

Diabetes Australia, 2010, National policy priorities 2010: better management and prevention of diabetes for all Australians, viewed 3 November 2015, <https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/283db11a-ec5c-479a-adc3-59dd66935d5d.pdf>

International Diabetes Federation, 2013, Annual report 2013, viewed 3 November 2015, <http://www.idf.org/sites/default/files/attachments/IDF-AR2013-final-rv.pdf>

van Manen, M 1990, Researching lived experience: Human science for and action sensitive pedagogy, State University of New York Press, Ontario, Canada.

Biography

Ainsley James is a published researcher with over twelve years in clinical practice and ten years in academia. Her clinical practice experience includes general nursing, orthopaedics, child and adolescent health, and experience as an undergraduate clinical educator. She currently teaches undergraduate nursing and midwifery students at Federation University Australia. Ainsley has an extensive list of publications with her most recent being issues in recruiting young people to research. She is the recipient of an Australian Postgraduate Association (APA) Scholarship, enabling full time PhD candidature with Monash University. Her PhD research explores and describes the lived experience of young people aged 16-24 years with type 1 diabetes. Using Max van Manen's approach to phenomenology, her research utilizes visual images created by the participants and textual descriptions from interviews, to discover and provide insights into the lived experience of young people with type 1 diabetes.

6.1.2

Abstract number 387

2:30pm

Transition from active to palliative care in children with cancer: insights from a qualitative study of one unit.

Presenter: Professor Daniel Kelly, PhD, MSc, BSc, RN, School of Healthcare Sciences Cardiff University, Cardiff, UK

Co-author(s): Pam Smith, UK, Mia Nelson, Rachel McAndrew

Abstract

Background: The period of relapse and transition from active treatment towards palliation and end of life care in paediatric oncology is considered to be one of the areas of care that is especially challenging (Hinds et al, 2010) and there is a lack of research to guide practice at these times.

With this challenge in mind, this study intended to investigate the experiences of families, and the staff who look after them, when treatment fails.

Aims: To describe the period of transition, from active treatment to palliative care, in a paediatric oncology setting.

To highlight the aspects of effective and less effective practice.

To make recommendations to inform supportive care for families, education and support for professionals, and to inform best practice for the care of children with incurable cancer.

Methods: This was a 16 month study that employed a qualitative in-depth approach including semi-structured interviews with 12 bereaved parents. In addition a facilitated discussion group, and individual semi-structured interviews with 10 paediatric oncology professionals too place.

Data were analysed thematically in line with the stated aims of the study.

Discussion: In this paper we focus on the way professionals supported parents to manage the transition from active treatment to palliative care and inevitable death. We Draw on the concepts of emotional labour (Hochschild 1983) and intelligent kindness (Ballatt and Campling 2011) to critically examine how staff-parent relationships facilitated the management of transitions through three phases - ending, fallow time and new beginnings. It is also possible to identify awareness and emphasis on a clinical culture that is both 'kind' and 'appropriate' to changing needs.

Conclusions: The findings of this study illustrated that the environment of care combined with behaviours can give meaning to the loss of a child. Implications for practice will be examined: such as preparing parents for loss.

Recommended reading list

Hinds, P.S., Schum, L., Baker, J.N., and Wolfe, J. (2010) Key Factors Affecting Dying Children and Their Families. *Journal Of Palliative Medicine*. 8(1):S70-S78.

Hochschild A (1983) *The Managed Heart: The Commercialisation of Human Feeling*. Berkley: University of California Press.

Ballatt J & Campling P (2011) *Intelligent Kindness: Reforming the culture of healthcare*. London: RCPsych Publications.

Biography

Professor Daniel Kelly undertook the integrated Social Sciences and Nursing degree at Edinburgh University between 1979-84. On qualifying he worked in intensive care and trauma before specializing in Oncology.

He undertook the Oncology Nursing training at The Royal Marsden hospital in London before returning to Edinburgh to take up two Charge Nurse posts in Oncology and HIV.

During this time he completed a Masters in Advanced Practice (Cancer Nursing) at The University of Surrey.

After this he returned to the Royal Marsden as a Lecturer in Cancer Nursing for several years before moving to University College Hospitals London as Senior Nurse for Research & Development.

During this time he undertook at PhD at the University of London on the embodied impact of prostate cancer. He has worked at a number of London Universities including City University London as a Senior Research Fellow before joining Middlesex University London as Reader then Professor of Cancer Nursing.

In 2011 he moved to Cardiff University as the Royal College of Nursing Chair of Nursing Research where his academic background in cancer and palliative care has continued to underpin some of his research interests.

Theme: Interviewing

6.3.1 Abstract number 286

2:00pm

Political representation for social justice in nursing: lessons learned from participant research with destitute asylum seekers in the UK

Presenter: Dr Fiona Cuthill, School of Health in Social Science, University of Edinburgh, Edinburgh, UK

Abstract

The concept of social justice is making a revival in nursing scholarship (Kagan, Smith and Chinn, 2014), in part in response to widening health inequalities and inequities in high-income countries. In particular, critical nurse scholars have sought to develop participatory research methods using peer researchers to represent the 'voice' of people who are living in marginalised spaces in society. In addition, peer participatory research methodologies are used as a way to empower communities. The aim of this presentation is to report on the experiences of nurse and peer researchers as part of a research project to explore the experiences of people who find themselves destitute following the asylum process in the UK. The focus of the presentation will not be to showcase the research itself, but to critically reflect on the extent to which the peer researchers in this project were 'empowered' as part of the research process. In seeking to explore social injustice, three challenges will be identified: the lack of a robust political theory, institutional/professional constraints and an absence of skills to engage with the politics of social (in)justice. Each challenge will be presented, opposing voices outlined and some possible solutions will be suggested. The work of political theorist Nancy Fraser (2009) will be used as a conceptual framework, in particular her focus on mis/framing and political representation for social justice. In addition, it is suggested that social justice needs to be further embedded in nursing policy and curriculum. Finally, nurses will be encouraged to develop practical political skills to engage with both politics and the media in a neoliberal globalizing world.

Recommended reading list

Kagan, P. N., Smith, M. C., & Chinn, P. L. (Eds.). (2014). *Philosophies and practices of emancipatory nursing: social justice as praxis*. London: Routledge.

Fraser N. 2009. *Scales of justice: Reimagining political space in a globalizing World*. Polity Press, Cambridge.

Biography

I have worked as a lecturer in Nursing Studies at the University of Edinburgh since May 2014. I completed my PhD in 2011 at the University of Sunderland, where I investigated the experiences of white health visitors when working across cultures. I then worked for the following 3 years as a lecturer in Public Health at the University of Sunderland. Since qualifying as an adult nurse in 1989 and then a District Nurse in 1991, I have worked in a variety of community settings. I am particularly interested in health inequalities, social exclusion and the ways in which poverty impacts on health.

My research interests to date have explored the ways that marginalised groups in society access community organisations to support resilience and this has focused primarily on people who find themselves destitute following the asylum process. I am currently working with NHS Lothian looking at the ways that community nursing staff negotiate disclosure of gender based violence within their day-to-day work. In addition, I am interested in the ways that nursing staff engage in social justice, what social justice is understood to mean within the profession of nursing in the UK and how it is employed in practice situations.

6.3.2 Abstract number 212

2:30pm

Making sense of the unbelievable: A biographical narrative study of men who experience IPV from their female partners.

Presenter: Dr Melissa Corbally, DProf (Health and Social Care), School of Nursing and Human Sciences, Dublin City University, Dublin, IE

Abstract

Intimate partner abuse is a serious social issue. Presently, there is a lack of understanding about how men account for their experiences of female abuse. This study examined how men in Ireland accounted for their experiences of abuse in their life stories. Using the ten stages of analysis in 'classic' Biographical Narrative Interpretive Method, three cases are presented which were analysed from a social constructionist perspective.

The study found that men constructed abuse as both an individual and collective endeavour. Dominant conflicting discourses of masculinity and intimate partner abuse disadvantaged both men and their biographical caretakers firstly in identifying abuse. Although men used abuse narratives in accounting for their experience, they were more comfortable using dominant narratives of fatherhood and being a husband in constructing the abuse experience. The bio-

graphical work of reflection appeared to speed recovery in the reconstruction of self.

These cases illustrate the inadequacy of current abuse definitions and policy which whilst it is changing, remains engendered. Greater sensitivity of nurses to the nature of domestic violence amongst male victims along with appreciation of how men talk about domestic abuse victimisation (compared with female victims) is recommended. It is hoped that the findings of the study prompt further exploration into this under researched area.

Biography

Melissa is a lecturer in the School of Nursing and Human Sciences, Dublin City University. She lectures undergraduate general nursing students in addition to running a module entitled 'violence and abuse in society' for health and society students. The paper she is presenting today relates to her doctoral study of male victims of domestic abuse completed through the University of Salford, England.

Theme: Interviewing

6.4.1 Abstract number 144

2:00pm

Utilisation of insecticide treated nets among women in rural Nigeria: Stories, themes and performance

Presenter: Mrs Anastasia Nzute, Faculty of Education Health and Wellbeing, University of Wolverhampton, Wolverhampton, UK

Co-author(s): Vinette Cross

Abstract

Insecticide treated nets (ITNs) have been proven to be effective in malaria endemic nations and the World Health Organization (WHO) has provided funding and technical support to promoting their distribution to the nations affected. Literature indicates that pregnant women and children under the age of five years are at the highest risk. Despite increases and knowledge of the effectiveness of ITN, there is still low usage among rural Nigerian women. Although much research has been conducted about malaria prevention there is little on the experiences of rural Nigerian women and their use of ITNs. However, Nigerian researchers have indicated the need for more social participatory research to enrich our understanding of taken for granted lived experiences of those engaged in the battle to prevent malaria. The study adopted a hermeneutic phenomenological approach to explore experiences related to malaria prevention using ITNs among rural Nigerian women. It was based on experiential stories of 20 rural women who were selected purposively, based

on their knowledge of ITN, ownership, age, and education, marital and socio-economic status. Data collection involved in-depth individual interviews with mothers and focus group discussion with mothers and also health care workers. A three phase approach to data interpretation was taken to enrich understanding of the unique experiences of these women as they negotiated the tension within their subjugated environment. The intent was not triangulation to confirm a single understanding but about layering nuanced understanding through the emergence of stories, themes and performance.

Biography

Anastasia Nzute is presently a Doctoral candidate at the Faculty of Education, Health and Wellbeing at the University of Wolverhampton, United Kingdom. She has a degree in Health studies, University of Wolverhampton, UK. (with research interest in Maternal and Child Health, sexuality, inequality, professional education and research). She has lectured with the School of Midwifery St. Luke's Hospital, Zaria, Nigeria. She has five unpublished papers relating to her research interest and has presented in conferences. She is also an active member of Centre for the Advancement of International Education (CAIPE) and Royal College of Nursing, United Kingdom.

6.4.2 Abstract number 422

2:30pm

Older cancer patients interaction with staff during surgical hospital treatment for colon cancer

Presenter: Dr Lisbeth Uhrenfeldt, PhD, Department of Health, Aalborg University, Aalborg, Denmark

Co-author(s): Mette Terp Høybye, Denmark

Abstract

Background: Hospitalized patients are challenged in different ways: being away from their usual life, family and surroundings and at the same time with experiences of how the health care providers act and treat them how respectful, thoughtful, compassionate, holistic, and individualized the care provided. In addition, during the last decade, hospital stays in Denmark have shortened into half the days from 6-10 days to 2-3 days due to new techniques and to improve postoperative recovery

Aim: The aim of this study was to explore how the well-being of old hospitalized patients was affected by the interaction with staff during surgical hospital treatment for colon cancer.

Methodology: Based on ethnographic methodology with field observations and unstructured interviews nine individuals were followed during a full day; the hours ranging from 7:45

a.m. to 8 p.m. All patients (both gender) were between 74 and 85 years of age. The study was reported to the Danish Data Protection Agency with reference number (2007-58-0010).

Results: Based on the old cancer patients interaction with staff, we identified three main care challenges from the patients' perspectives: "well-being as a matter of different perspectives", "vulnerability in contrast to well-being", and "staff mix influences on the care encounter."

Conclusion: The experience of well-being in old cancer patients during hospital admission was absent or challenged when staff did not acknowledge their individual vulnerability and needs.

Recommended reading list

Uhrenfeldt, L., & Høybye, M. T. 2015. Care interaction adding challenges to old patients' well-being during surgical hospital treatment. *International journal of qualitative studies on health and well-being*, 10. <http://www.ijqhw.net/index.php/qhw/article/view/28830>

ToDres, L. & Galvin, K. 2010, 'Dwelling-mobility': An existential theory of well-being', *International journal of qualitative studies on health and well-being*, vol. 5, pp. 10.3402/qhw.v5i3.5444.

Biography

Lisbeth Uhrenfeldt serves a position as associate Professor and Head of Clinical Nursing Research at Department of Health, Science and Technology, Aalborg University, Denmark. She is a member of two international research networks (EANS and EACS) and two Nordic networks (PRANSIT and CARELead). Her background is in nursing (PhD) and history of Ideas.

Theme: Focus groups

6.5.2 Abstract number 15

2:30pm

Relatives' attitudes, experiences and satisfaction with specialized end-of-life and follow-up care in acute hospital setting in Iceland. A qualitative study.

Presenter: Dr Elisabet Hjorleifsdottir, Ph.D. in nursing, University of Akureyri, Akureyri, Iceland

Co-author(s): Svala B. Robertson, Iceland

Abstract

Acute hospital settings are generally not considered as adequate environment for specialized end-of-life care offered to patients and their families. There are various ways to assist grieving family members but more studies are needed to understand their wishes throughout

the times of care and after the death of a loved one.

Objectives: To investigate relatives' attitudes, experiences and satisfaction with specialized end-of-life care in acute hospital setting and to examine their perspectives on follow-up care.

Methods: Qualitative approach was applied using semi-structured interviews with a purposive sampling of 15 relatives from an acute hospital setting in Iceland. The interviews were transcribed and categorized according to their content where the underlying significance of all the elements in the text was combined into themes.

Results: Four key themes were identified: Environmental influences on quality of care; communication in end-of-life care; impact of symptom burden on the family; fulfilment of needs. Each of the themes encompassed a variation of subthemes. The deeper meaning of all the themes was combined in one core category: To experience well-being of the loved one, security and support, emphasis on stability and professional confidence in a friendly and quiet environment, reflecting participants' own experiences of end-of-life and follow-up care.

Conclusions: Specialized end-of-life care is and will be practised in hospital settings in unforeseeable future. This study indicates that relatives were generally satisfied with the care provided but there is a need for improvement with emphasis on environmental factors and health care professionals' communication skills. Follow-up care after death is needing more attention in end-of-life care as well as in future studies on this subject.

Biography

Clinical nurse specialist in cancer and palliative care

Masters degree in Nursing from the University of Glasgow, Scotland

Doctoral degree from Lund University, Lund Sweden

Associate Professor at the University of Akureyri, Akureyri, Iceland

Manager of the Hospice home Care in Akureyri, Iceland

Theme: Qualitative approaches

6.6.1 Abstract number 108

2:00pm

When researchers and decision-makers collide over 'evidence' (with the media ready to pounce): The hidden politics of research

Presenter: Dr Diana Clarke, Registered Nurse, College of Nursing, University of Manitoba, Winnipeg, Canada

Abstract

Background to the issue: In the current climate which favours high impact research with immediate evidence to inform health care delivery and systems, researchers can no longer engage in research purely for the sake of science and knowledge. Collaboration with end-users is imperative, and alignment with the needs of the healthcare system, an expectation. However, health is becoming increasingly political, inculcating both small 'p' and large 'P' political agendas into the researcher/end-user relationship. Sometimes these agendas are explicit, other times implicit, sometimes hidden. Further complications arise when the issue is of particular interest to the media and release of findings through the media can create problems for the end-users.

Aims of the paper: We will explore what happens when the evidence isn't what the decision-maker and policy makers had hoped for. Using case study methodology, we delve into circumstances surrounding an externally-funded impact evaluation of a controversial mental health crisis service and the dilemmas and conflicts that arose for the university-based researcher.

Discussion of the issue: Issues explored will be the researcher's moral and ethical obligations to present the findings reliably, accurately, and honestly; accountability to the external funding agency; academic freedom; balanced with the need to maintain professional and collegial relationships with those in both the practice and policy settings upon whom future research access and knowledge translation activities may be dependent; all within the context of media scrutiny.

Conclusions: When political agendas clash with research findings, health systems researchers can find themselves in situations where they are caught unawares, totally unprepared, and professionally vulnerable on a number of levels. Based on a real-life situation, this paper will provide researchers with some guidance and wisdom in anticipating, navigating, and surviving the storm.

Biography

Diana Clarke, RN, PhD is Associate Professor and Associate Dean (Research), in the College of Nursing, University of Manitoba and Director, Manitoba Centre for Nursing and Health Research in Winnipeg, Manitoba, Canada. She also is a Research Associate with the Health Sciences Centre Adult Mental Health Program. She has a PhD in Psychology from the University of Manitoba and has worked with the St. Boniface General Hospital Department of Psychiatry as a Clinical Nurse Specialist and with Health Sciences Centre Adult Mental Health Program as the Coordinator of Program Development and Evaluation. Her research program centres around mental health services and integration of hospital and community services specifically focusing on care of mental health presentations to emergency departments.

6.6.2 Abstract number 26

2:30pm

Specialist nurses' perceptions of the barriers and facilitators to inviting patients to participate in research studies: a qualitative descriptive study

Presenter: Ms Caroline French, MRes, RGN, Queen Mary University, London, UK

Co-author(s): Dr Charitini Stavropoulou, UK

Abstract

Background: Increasing the number of NHS patients offered research study participation is a current priority (1). Healthcare professionals play an important role in recruitment to studies by inviting their patients to participate, however it is known that some do not invite all eligible patients (2). A variety of barriers and facilitators to healthcare professionals inviting patients to participate in research studies have been identified (3). However, most previous research relates to experiences of specific trials, and little is known about specialist nurses' perceptions.

Aim: To explore the perceptions of specialist nurses of the barriers and facilitators to inviting adult NHS patients to participate in research studies during clinical care delivery.

Methods: A cross-sectional qualitative descriptive design was employed. Participants were 12 specialist nurses from 7 clinical specialties and 7 NHS Trusts in England, with experience of inviting patients to a wide range of studies. Data were collected from March to July 2015 with individual semi-structured interviews, and transcripts analysed using Framework thematic analysis.

Results: A wide range of complex and inter-dependent barriers and facilitators were identified. Perceptions varied between individuals,

however barriers and facilitators centred on five main themes: i) assessing patient suitability, ii) teamwork, iii) valuing research, iv) the invitation process and v) understanding the study.

Discussion: Findings broadly support existing literature, and several new insights were gained into facilitators. Participants reflected on a wide range of experience of different studies and contexts, which may enhance applicability to other settings. However, a limitation is that all participants had positive general attitudes to research.

Conclusion: The identified barriers and facilitators provide a basis for reflection for specialist nurses, other healthcare professionals, research teams, and policymakers with an interest in increasing patient research participation. Recommendations for practice and for future research are given.

Recommended reading list

Department of Health (2013) The NHS Constitution. London: Department of Health.

Fletcher, B., Gheorghe, A., Moore, D., Wilson, S. and Damery, S. (2011) 'Improving the recruitment activity of clinicians in randomised controlled trials: a systematic review', *BMJ Open*, 2, 1 [Online]. Available: <http://bmjopen.bmj.com/content/2/1/e000496>

Newington, L. and Metcalfe, A. (2014) 'Researchers' and clinicians' perceptions of recruiting participants to clinical research: a thematic meta-synthesis', *Journal of Clinical Medical Research* 6, 3, pp. 162-172.

Biography

I qualified as an adult nurse in 2007 and spent the first three years of my career as a staff nurse on a stroke ward and then on neuro ITU. I then became a research nurse, and worked for four years in several different research nurse roles in different NHS Trusts, covering a variety of clinical specialties. One of these roles was a joint post as a senior research assistant in a clinical academic setting. From this varied research experience I developed a strong interest in investigating issues around research study conduct in the NHS, as well as a desire to design and conduct my own research.

I was awarded an NIHR studentship to study for an MRes Clinical Research at City University London in 2014, and completed this in 2015. The abstract submitted presents the dissertation component of this award.

I am currently undertaking a full-time PhD in the field of healthcare research methodology, under a studentship from Queen Mary University London. I continue to work as a research nurse on an ad-hoc basis.

Theme: Qualitative approaches

6.7.1 Abstract number 284

2:00pm

Psychometric properties of two self-report clinical competence scales for nursing students.

Presenter: Miss Deborah Coleman, Queen's University Belfast, Belfast, UK

Co-author(s): Dr Janice Christie, UK; Dr Kevin Gormley, Northern Ireland

Abstract

Background: It is important to assess the clinical competence of nursing students to gauge their educational needs. Competence can be measured by self-assessment tools, however, Anema and McCoy (2010) contend that currently available measures should be further psychometrically tested.

Aim: To test the psychometric properties of Nursing Competencies Questionnaire (NCQ) and Self-Efficacy in Clinical Performance (SECP) clinical competence scales.

Method: A non-randomly selected sample of n=248 2nd year nursing students completed NCQ, SECP and demographic questionnaires (June and September 2013). Mokken Scaling Analysis (MSA) was used to investigate structural validity and scale properties; convergent and discriminant validity and reliability were also tested for each scale.

Results: MSA analysis identified that the NCQ is a unidimensional scale with strong scale scalability coefficients $H_s = 0.581$; but limited item rankability $HT = 0.367$. The SECP scale MSA suggested that the scale could be potentially split into two unidimensional scales (SECP28 and SECP7), each with good/reasonable scalability psychometric properties as summed scales but negligible/very limited scale rankability (SECP28: $H_s = 0.55$, $HT = 0.211$; SECP7: $H_s = 0.61$, $HT = 0.049$). Analysis of between cohort differences and NCQ/SECP scores produced evidence of discriminant and convergent validity; good internal reliability was also found: NCQ $\hat{I}_s = 0.93$, SECP28 $\hat{I}_s = 0.96$ and SECP7 $\hat{I}_s = 0.89$.

Discussion: In line with previous research further evidence of the NCQ's reliability and validity was demonstrated. However, as the SECP findings are new and the sample small with reference to Straat and colleagues (2014), the SECP results should be interpreted with caution and verified on a second sample.

Conclusions: Measurement of perceived self-competence could start early in a nursing programme to support students' development of clinical competence. Further testing of the SECP scale with larger nursing student samples from different programme years is indicated.

Recommended reading list

Anema, M., G and McCoy, JK. (2010) *Competency-Based Nursing Education: Guide to Achieving Outstanding Learner Outcomes*. New York: Springer.

Straat, JH., van der Ark, LA and Sijtsma, K. (2014) Minimum Sample Size Requirements for Mokken Scale Analysis Educational and Psychological Measurement 74 (5), 809-822.

Biography

Deborah is a lecturer in the School of Nursing and Midwifery, Queen's University, Belfast. She is a co-ordinator for the year 2 Care Delivery module in the undergraduate programme and is Pathway Leader for the BSc (Hons)/Graduate Diploma Specialist Practice in Nursing Care of Older People. Deborah is a Registered Nurse and Specialist Practitioner (District Nursing).

Deborah is a student on the Doctorate of Nursing Practice and is currently writing up her thesis. The teaching and learning strategies, used to support nursing students, to develop holistic assessment skills with older people, is the focus of her doctoral thesis. The work presented today is part of the findings from stage one of her study.

6.7.2 Abstract number 192

2:30pm

Using nurses to forge a way to early detection of skin cancer

Presenter: Associate Professor Clare Harvey, PhD, RN, BA (Cur), MA, Faculty of Education, Eastern Institute of Technology, Napier, New Zealand

Co-author(s): Colin Beauchamp, Australia; Chris Lowings, Australia; Paul Katris, Australia; Thomas Harding New Zealand; Maria Pearson, New Zealand; Rachel Forrest, New Zealand

Abstract

Background: Australia has one of the highest rates of skin cancer in the world. The Lions Cancer Institute (Western Australia) (LCI) is a community funded organization that has provided free, population based skin cancer screening programmes since 1991. In a study undertaken in 1998, LCI identified that nurses are capable of identifying 96% of surgeon-classified suspicious lesions (Katris et al., 1998). In 2011, a further study was initiated in which the financial and clinical value of non-medical health professionals employed in this setting was explored.

Aims: This paper provides the findings from the study, undertaken between 2011 and 2015, which collected data from nurse initiated skin screening across three Australian states. The data examines clinical and cost effectiveness of roles such as NPs, in undertaking skin screening activities that support access to free services.

Methods: Data that is routinely collected by the LCI from their mobile skin screening service was used. Those screenings that included the services of a NP candidate, were analysed against clinical and budget parameters using Medicare Rates for NP services.

Findings: Our findings show that 32.1% of screenings were referred to a medical practitioner for the follow up of suspicious lesions, with 4.8% lesions recognised as melanocytic. A random follow up of clients post screening by a NP confirmed 100% accuracy. Medicare rebates indicatively tracked for the NP screenings identified a revenue stream that covers screening costs.

Discussion: There is growing evidence to show that the effects of skin cancer can be minimized with screening and early diagnosis (Katalinic et al., 2012). It is important that screening opportunities like the LCI model continue to be supported. Using non-medical health professionals as part of any routine skin screening service can be a cost effective way of improving access to screening that is free to the public.

Recommended reading list

Katris, P., Donovan, R. & Gray, B. 1998. Nurses Screening for Skin Cancer: An Observation Study. Australian and New Zealand Journal of Public Health 22, 381 - 383.

Katalinic, A., Waldmann, A., Weinstock, M. A., Geller, A. C., Eisemann, N., Greinert, R., Volkmer, B. & Breitbart, E. 2012. Does skin cancer screening save lives? Cancer, 118, 5395-5402.

Biography

I am an associate Professor and the programme co-ordinator for the postgraduate programmes in nursing and health science at the Eastern Institute of Technology, New Zealand. I also have academic status, working in both teaching and research at Flinders University of South Australia. My research focuses on professional issues in nursing practice, and in advancing nursing roles, predominantly around nurse practitioners. I have worked in four countries during my nursing career, with the first 20 year of that time, working in my homeland of Zimbabwe, and later, South Africa. It is not surprising then that my other passion is primary health care, where my research focuses on examining how nurses play a part in supporting access to healthcare and the equity of that care, within the primary health setting.

Theme: Other

6.8.1 Abstract number 376

2:00pm

A critical reflection on the NICE safe staffing guidelines programme

Presenter: Professor Elizabeth West, PhD, Professor in Applied Social Science, University of Greenwich, London, UK

Abstract

The importance of adequate levels of nurse staffing was highlighted in the Francis report (2013) which recommended that the National Institute for Health and Social Care Excellence (NICE) be asked to formulate guidance on safe staffing levels. This paper will give the background to the programme of work that NICE initiated and planned to conduct for a number of specialist areas, including maternity, acute care, accident and emergency, mental health and community. It will explain how NICE approaches guideline development through the initial literature review, committee discussion, field testing and economic impact assessment. By the time the safe staffing programme was terminated guidelines had been produced for maternity and acute care but work on A&E and mental health was not completed. This paper will argue that one of the key factors leading to the termination of the programme was the economic implications of the A&E guidelines which unlike the published guidelines were based on bed numbers rather than patients. Once the economic impact assessment was conducted, the full financial implications of the programme began to become clear. Many, including Francis himself, expressed regret that the guideline programme was terminated. However, given the financially precarious situation of the NHS, the programme would undoubtedly have added pressure to the financial problems currently being experienced by Trusts. It is difficult not to conclude that we simply cannot afford safe staffing levels across the NHS at this time. Finally, the NICE reviews showed that research on nurse staffing often lacks internal and external validity and few of the studies were conducted in the UK. Guidelines are only as good as the research on which they are based so it is important that we continue to conduct high quality research in the NHS to provide a robust evidence base for future policy development.

Recommended reading list

Francis R. (2013) Report on the Mid-Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationary Office

Biography

Elizabeth West is a research professor with a long-standing interest in workforce issues. A recent paper explores the relationship between nursing and medical staffing and patient

mortality in ICU and shows that while staffing levels of both nurses and doctors are related to patients' survival chances, nurse staffing levels are particularly important for the most seriously ill patients. She was a member of the NICE Safe Staffing guidelines committee and this paper is an attempt, not only to make sense of experience but to draw out the wider implications for the NHS.

6.8.2 Abstract number 200

2:30pm

Fit for the future? The health and health behaviours of the nursing and midwifery workforce

Presenter: Professor Lin Perry, PhD MSc RN, University of Technology Sydney, Sydney, Australia

Co-author(s): Robyn Gallagher, Australia; Christine Duffield, Australia; David Sibbritt, Australia; Rachel Nicholls, Australia

Abstract

Introduction: With nursing workforce shortages and ageing demographics, nurses' health is important yet little is known about this and its relationship to workforce retention (Chan & Perry, 2012).

Aims: To examine the health and health behaviours of the nursing and midwifery workforce of New South Wales (NSW), Australia.

Methods: An online survey of established health-related assessments and work-related questions was emailed and circulated to NSW working nurses and midwives through the NSW Nurses and Midwives Association and professional contacts between Aug 2014- Feb 2015. Complete responses from 5,041 nurses and midwives were compared to Australian population values (ABS 2010-12).

Results: Self-reported health was 'excellent-very good' for 50.6% of respondents, but for 55.1% of the Australian population. About half of all Australians but two thirds of the nursing workforce reported at least 1 chronic disease diagnosis, with more mental health, asthma and arthritis. Symptom burden was high with around 40% experiencing, sometimes and more often, back and joint pain, headaches, severe fatigue. More than one third suffered insomnia. Health behaviours - diet, exercise, risky Drinking, smoking, obesity - were little/no better, sometimes worse, than the Australian population.

Almost one quarter (22%) intended to leave their job within 12 months. With other characteristics accounted for, those at greater odds of leaving were: younger, working in non-regional areas, shift workers, reporting poorer job satisfaction, worse general health or breathing problems.

Discussion: Respondents' demographic and occupational profiles are representative of NSW registrants (AIHW 2013). Findings revealed a fatigued and symptomatic workforce with health a significant but poorly recognised influence on staff retention.

Conclusion: Failure to promote nurses' health and retain them in the workforce will challenge healthcare systems to provide quality patient care. Educators, managers and policy makers should heed study findings and take steps to promote the health and retention of this workforce.

Recommended reading list

Australian Institute of Health and Welfare (2013) Nursing and midwifery workforce 2012. Canberra

Australian Bureau of Statistics (ABS) Australian Health Survey 2011-2012 at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.001Chapter3002011-12>

Chan CW, Perry L. (2012) Lifestyle health promotion interventions for the nursing workforce: a systematic review *Journal of Clinical Nursing* vol 21, pp2247-2261

Biography

Lin Perry is Professor of Nursing Research and Practice Development, University of Technology Sydney and the Prince of Wales Hospital, Sydney Hospital and Sydney Eye Hospital, South Eastern Sydney Local Health District, New South Wales. The main focus of her work has been broadly around research capacity development, service and practice development and evaluation, with major clinical topics of nutrition support and chronic disease management.

Concurrent session 7 Friday 8 April 09.50 - 10.15

Theme: Questionnaires

7.1.1 Abstract number 193

9:50am

Self-compassion: The key ingredient in teaching the practice of compassion to nursing students

Presenter: Dr Anne Hofmeyer, RN PhD, School of Nursing & Midwifery, University of South Australia, Adelaide, Australia

Co-author(s): Luisa Toffoli, Australia; Rachael Vernon, Australia; Ruth Taylor, UK; Dorrie Fontaine, USA; Hester Klopper, South Africa; Siedine Coetzee, South Africa

Abstract

Background: Research has linked poor patient outcomes with austerity measures and the perceived lack of compassion in healthcare. Patients say how they are cared for matters just as much as receiving quality healthcare. Poor working conditions fosters stress, diminished resilience and fatigue that compromises nurses' ability to provide quality healthcare and to be compassionate toward patients, colleagues and themselves (Bauer-Wu & Fontaine 2015). There is an increasing emphasis on teaching compassion in undergraduate nursing curricula to foster clinician wellbeing and quality patient outcomes (Adam & Taylor 2013). Although self-compassion is essential to practice compassion (Mills et al 2015) few studies have explored teaching self-compassion to nursing students.

Aim: Explore the impact of a compassion module on the understanding and practice of compassion among final year nursing students in a Bachelor of Nursing program at an Australian University.

Methods: Two online qualitative surveys were administered via SurveyMonkey®. The first survey elicited participants' understanding of compassion (Phase 1: August 2015). After studying the Compassion Module, participants completed the second survey (Phase 2: October 2015). Institutional ethical approval was granted.

Findings: Findings were analysed thematically. Phase 1 generated superficial understandings of compassion as pity, sympathy, concern for the suffering of others, and being kind to patients. Phase 2 findings revealed deeper understandings of practicing compassion, now including colleagues and self. We present exemplars of practicing compassion toward patients, colleagues and self and practical strategies used by participants to be resilient, compassionate clinicians.

Conclusions: Findings suggest that undergraduate nursing education can play a key role in raising nursing students' awareness about the critical contribution of compassion to patient outcomes and provider wellbeing. Fostering self-compassion to build resilience is the precursor to practicing compassion toward patients; whether nurses' compassionate practice can be sustained within healthcare systems and cultures is a question for further research.

Recommended reading list

Bauer-Wu, S & Fontaine, D 2015, 'Prioritizing Clinician Wellbeing: The University of Virginia's Compassionate Care Initiative', *Global Advances in Health and Medicine*, vol. 4, no. 5, pp. 16-22.

Adam, D & Taylor, R 2013, 'Compassionate care: Empowering students through nurse education,' *Nurse Education Today*, vol. 34, no. 9, pp. 1242-1245.

Mills, J Wand, T Fraser, J 2015, 'On self-compassion and self-care in nursing: Selfish or essential for compassionate care?' *International Journal of Nursing Studies*, vol. 52, no. 4, pp. 791-793.

Biography

Dr Anne Hofmeyer is a senior academic in the School of Nursing & Midwifery, University of South Australia. Previously, she served as Program Director: Higher Degrees by Research in the School; Associate Professor, Australian Catholic University, Victoria; and Assistant Dean: Undergraduate Programs, Faculty of Nursing University of Alberta, Canada.

She teaches research and EBP in undergraduate and graduate programs and supervises graduate and doctoral students. Her research and teaching interests focus on leadership, compassion, palliative care, and how social capital and civility can foster networks of trust, inclusion and cooperation for better outcomes in higher education and health systems.

She has diverse disciplinary and interdisciplinary research collaborations in South Africa, Australia, USA, UK and Canada; in sum attracting over \$1.7 million in collaborative/sole funding. Her publication record includes refereed publications, conference papers, books and book chapters. She serves on the International Advisory Committee for the International Journal of Africa Nursing Sciences (Elsevier).

She participated in the Global Advisory Panel on the Future of Nursing meeting in Seoul, South Korea, June 2015. Dr Hofmeyer was appointed to serve on the Research Scholarship and Advisory Council for Sigma Theta Tau International from 2012-2015 and then as Chair from 2015-2017.

7.1.2

Abstract number 92

10:20am

Building a research culture - experiences of novice researchers

Presenter: Dr Sue Armstrong, D Cur, MSc, B Ed, B ur, University of the Witwatersrand, Johannesburg, South Africa

Co-author(s): Gisela van Rensburg, South Africa; Nelouise Geyer, South Africa

Abstract

Background: The majority of professional nurses in South Africa were trained within a college system and have no experience in conducting research. Professional nurse training is currently being moved to Higher Education which has required nurse educators to be fast-tracked into Master's degree programmes. This has caused anxiety and resistance.

Aim: This paper describes an innovative programme designed to build confidence of the nurse educators and reflects on their experiences of the programme.

Method: Three groups of novice researchers, based in different parts of the country (n=12) followed a programme during 2015 in which they were required to conduct a complete research project and present their findings at a national research conference. A semi-structured questionnaire was used to solicit their opinions of the successes and failures of the programme. The data was then subjected to a thematic content analysis and categories and sub-categories developed.

Results: Educators used the programme as a means of preparing themselves to follow Master's degrees, and believe they gained confidence and found the supportive environment, the tight schedule and the group work and the nature of the supervision provided as helpful. While providing very positive feedback, the problem raised by many of the participants related to competing priorities of work and the resentment of colleagues not selected for the course.

Discussion: The programme met the objective of encouraging participants to register for their Master's degree and provided important opportunities for networking and building the research culture. Participants conducted credible research and their presentations at the national conference were well-received and resulted in several recruits for future programmes.

Conclusion: The success of the programme results largely from the nature of the group supervision but the cost-effectivity of such

a labour intensive programme needs to be assessed.

Recommended reading list

Johnson, BJ and Louw, AL . 2014. Building a Research Culture from Scratch at a University of Technology. *Mediterranean Journal of Social Sciences*. Vol 5 No 1 January 2014.

Jamerson, PA and Vermeersch, P. 2012 The Role of the Nurse Research Facilitator in Building Research Capacity in the Clinical Setting. *Journal of Nursing Administration*. January 2012 - Volume 42 - Issue 1 - p 21-27

Begley, C., McCarron M, Huntley-Moore, S, Condell, S and Higgins, A. 2013. Successful research capacity building in academic nursing and midwifery in Ireland: An exemplar, *Nurse Educ. Today* (2013), <http://dx.doi.org/10.1016/j.nedt.2013.09.016>

Biography

Sue Armstrong works at the Department of Nursing Education at the University of the Witwatersrand in South Africa where she is teaching and supervising post-graduate nursing students in the fields of nursing education and nursing dynamics. She is also involved with research in nursing education and health systems. She advises on quality assurance and nursing matters and is actively involved in promoting nursing education and research in the country.

Theme: Interviewing

7.2.1 Abstract number 329

9:50am

Disseminating doctoral data through the medium of verse: Getting to the heart of the matter

Presenter: Dr Kath Macdonald, DH&SSc, MSc, RGN, PGCE, Senior Lecturer, QMU, Edinburgh, UK

Abstract

Background: Dissemination of research findings can take many forms, but is usually through publication in peer-reviewed journals and oral and poster presentations at conferences. One of the challenges for the researcher is how to get the message across with maximum impact, in a short time frame and poetry is one way to address this.

Aim: The aim of this paper is to share findings from doctoral research through the medium of poetry. The poetry is based on the narratives of young people with a long term condition and health care professionals and explores their perceptions of partnership. Findings support advancing knowledge of user experiences of health care.

Methods: Adopting a Descriptive Interpretive approach (1)ten young people, two carers and twelve practitioners were observed and interviewed during and after clinic consultations in a hospital setting in 2012. Data were analysed using 'Framework' , a matrix based analysis approach(2)

Results: Themes of normalcy, adherence to treatment, emotional labour and the expert patient are revealed.

Conclusions: Reactions to date suggest that the poetry is a powerful medium through which to deliver key messages of the research. It can convey meaning accessibly in a short time span. Implications

Poetry as pedagogy can be used to inform evidence-based teaching in nursing programmes and serves as a powerful medium through which to disseminate doctoral data.

Recommended reading list

Thorne, S, Kirkham, S.R. And Macdonald, E.J., 1997 Interpretive Description: a non categorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, vol. 20, no.2, pp169-177.

Ritchie, J. Lewis, J., 2003. eds. *Qualitative Research Practice*. London: Sage.

Biography

Currently works as a senior lecturer in nursing at Queen Margaret University Edinburgh, teaching across Undergraduate , Masters and Doctorate programmes. Practice work is in respiratory nursing, particularly with young people with Cystic fibrosis. Kath is an executive committee member of the European Cystic Fibrosis Society Nurse Specialist Interest Group, whose remit is to advance education, research and clinical skills for the improvement of cystic fibrosis nursing and care. She is joint programme leader of the Masters in Professional and Higher Education at QMU. Her interest is qualitative research, particularly in relation to the patient experience, and in education to the student experience.

7.2.2 Abstract number 29

10:20am

Conceptual frameworks in nursing doctoral research

Presenter: Dr Stewart Piper, PhD, MSc, PGDE, RGN, Anglia Ruskin University, Peterborough, UK

Abstract

The international profile of doctoral research in nursing is on the increase and this is helping nursing to be taken seriously as a research based profession in two ways. Firstly, by developing an evidence base for practice and secondly by demonstrating its ability to engage in the metatheo-

retical (i.e. beyond the theory of any one discipline) dialogue of research in the same way as any other profession. However, a search of the nursing literature reveals a notable dearth of discussion on conceptual frameworks. The literature from outside the discipline also suggests that many doctoral students struggle to identify how their conceptual framework developed or that conceptualisation is inadequate. Yet this potentially challenging aspect of a PhD thesis is a fundamental metatheoretical foundation for all doctoral studies with nursing as no exception. Metatheoretical and foundational because conceptual frameworks map out and contextualise the ontological and epistemological (i.e. philosophical) assumptions of the research in relation to established paradigms of social thought and concomitant methodological perspectives. In so doing they shape the research architecture and design and provide a structure for theorising.

This presentation will critically reflect on the conceptual framework as a metatheoretical foundation for nursing doctoral research and inform the debate in the following ways. By defining and explaining the conceptual framework as a contested concept. By advancing the conceptual framework as an essential tool to assist nursing doctoral students both to understand and engage with the metatheoretical discourse of other and all disciplines and to illustrate the social theory dichotomies and points of integration in their work. By contextualising the various positions defined by the different aims, processes, terminology and indicators of knowledge in relation to competing paradigms of social theory they invoke to help methodological precision.

Recommended reading list

Durham, W., Sykes, C., Piper, S. (in press) *The language of doctoral research for nursing: conceptual frameworks and related terminology*. Nurse Researcher.

Biography

Dr Stewart Piper is a Senior Lecturer in the Faculty of Health, Social Care and Education at Anglia Ruskin University where he lectures primarily on health promotion and public health and the principles of research. His academic and research interests are the relationship between health promotion theory and both nursing practice and empowerment. He is the author of *Health Promotion for Nurses: Theory and practice* (published by Routledge) and has published a number of articles in peer review journals and book chapters and presented at various national and international conferences on these themes. Health promotion in nursing also formed the focus of his PhD studies. Prior to becoming an academic Stewart was a Health Promotion Specialist and before this he was an Emergency Care Charge Nurse.

Theme: Focus groups

7.3.1 Abstract number 27

9:50am

Demonstrating the value of co-design: a mobile application for persons with dementia and their carers

Presenter: Miss Siobhan O'Connor, B.Sc., CIMA CBA, B.Sc., RN, Lecturer in Adult Nursing, School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, UK

Co-author(s): Matt-Mouley Bouamrane, UK; Catherine A O'Donnell, UK; Frances S Mair; UK

Abstract

Background: The Department of Health set out a national dementia strategy which aims to create services that meet the needs of people with dementia and their carers [1]. A digital initiative called 'My House of Memories' was launched to involve people with dementia and their carers in the design of a mobile application that would allow them to share memories.

Aims: The aim of this case study is to explore the impact of co-design and the mobile app on participants to demonstrate its value for people with dementia and their families.

Methods: A focus group with ten people involved in the co-design of the 'My House of Memories' app as held in March 2015. This was followed by interviews with the software engineer, project manager, and two of the four dementia patient-carer dyads. Data was thematically analysed using the framework approach [2].

Results: Participants in the co-creation workshops benefited directly from the process as they took a sense of pride from creating a personalised piece of technology that would help people with dementia. They also learned how to use tablet devices and made personal connections and friends. Participants also gained immense value from using the mobile app in their daily life as it facilitated communication between persons with dementia, their carers and wider family; it stimulated memory and allowed personal histories to be shared; and it acted as a form of entertainment which provided a level of normalcy to people living with dementia.

Discussion: Many digital applications are generic and co-design offers one way to create tailored solutions to meet the needs of people living with dementia. It is hoped this form of reminiscence therapy will improve patients' mood, cognition and functional ability as well as reduce caregiver strain over time.

Recommended reading list

Department of Health (2009) Living well with dementia: A National Dementia Strategy. Available at: <https://www.gov.uk/government/>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf accessed August 2015

Ritchie, R. & Spencer, L. (2002) 'Qualitative Data Analysis for Applied Policy Research'. In: M. Huberman, M. & Miles, M. The Qualitative Researcher's Companion. Thousand Oaks, California: Sage Publications.

Biography

Siobhan O'Connor is a Lecturer in Adult Nursing at the School of Nursing, Midwifery and Social Work, University of Manchester. She has a multidisciplinary background with honours B.Sc. Nursing and B.Sc. Business Information Systems from University College Cork, Ireland and so her research interests lie in the field of nursing informatics. She is currently completing her doctorate at the University of Glasgow, exploring the digital health engagement and recruitment process to person-centred eHealth technologies. She is a member of the BCS British Computer Society, the Health Informatics Society of Ireland (HISI) and the European Federation for Nursing Informatics (EFMI NI). @shivococonnor <https://soconnor.ie>

7.3.2 Abstract number 385

10:20am

Impact of a dementia friendly ward environment on the care nurses provide for patients: A qualitative study.

Presenter: Dr Joanne Brooke, Professional Doctorate in Health Psychology, Registered Nurse, University of West London, Brentford, UK

Abstract

Background: The Dementia Action Alliance (DAA) has launched the 'Dementia Friendly Hospital Charter' (2014). The creation of a dementia friendly ward should help to reduce the 'care burden' of dementia for staff (AnDrews 2013). Nurses have reported striving to achieve good care, but felt this was not always possible (Cowdell 2010). However, there is a lack of evidence on the impact of ward environment changes on the care nurses provide for patients with dementia.

Aim: To explore the impact of dementia friendly environment ward changes for nurses caring for patients with dementia.

Method: Data were collected from healthcare assistants (HCAs) and registered nurses (RN) working on elderly care wards within an acute NHS Foundation Trust in the UK. Nurses' perspectives were explored via focus groups. The interview schedule was based on information from a pilot group and previous literature. Data were analysed using Interpretative Phenomenological Analysis (IPA).

Results: Between September and October 2015 focus groups (n=10) were completed with HCAs (n=3), RN (n=2) and mixed (n=5), with a total of 38 staff. Focus groups lasted between 25 to 32 minutes. Emergent themes included: 1) person-centred care, 2) understanding environment changes, 3) need for a change in staff culture, and 4) positive and negative elements of environment changes.

Discussion: Person-centred care emerged as a priority over environment changes. Staff discussed the importance of a culture shift and the need to embrace a different approach to caring. Positive impacts of the dementia friendly ward supported this process, such as a cinema room, implementation of the care crew and a regular reminiscence activity. Some elements were disputed as supporting patients, but did provide the impression of a non-hospital environment. Minor changes to the environment were recommended.

Recommended reading list

Dementia Action Alliance (2014) Dementia Friendly Hospital Charter <http://www.dementiaaction.org.uk/rightcarecharter>

AnDrew, J. (2013) A guide to creating a dementia friendly ward. Nursing Times 109(8): 20-12.

Cowdell, F. (2010) The care of older people with dementia in acute hospitals. International Journal of Older People 5(2): 83-92.

Biography

Dr Joanne Brooke is a qualified Adult Nurse and Health Psychologist. Joanne has worked across specialities in nursing, although has focused on stroke and dementia before entering the world of research. Joanne has worked as a clinical research nurse within both clinical trials and long term disease registers prior to commencing her own research studies. Joanne has held the posts of Senior Lecturer and Nurse Consultant and is currently an Associate Professor at the University of West London.

Theme: Systematic review

7.4.1 Abstract number 114
9:50am**The mental health and wellbeing of first generation migrants: A systematic - narrative review of reviews***Presenter: Dr Ciara Close, PhD, MSc, BSc, Queen's University Belfast, Royal Hospital, Belfast, UK**Co-author(s): Anne Kouvonen (Finland) Tania Bosqui (Belfast) Kishan Patel (Belfast) Dermot O'Reilly (Belfast) Michael Donnelly (Belfast)***Abstract**

Background: There is lack of clarity around the role of migration in the development of mental-ill health. This situation is made additionally complex given the plethora of reviews on prevalence/ risk mental-ill health in migrants, and associated risk factors. Reviews use different definitions to describe migrants and report on different conditions, which may overwhelm health professionals and policy makers.

Aim: To systematically review and summarise all systematic reviews (SRs) published internationally on the mental health of first generation migrants (FGMs).

Methods: Five medical and health databases were searched for SRs which provided quantitative data on the occurrence of mental health conditions in FGMs and associated risk factors. Searches were conducted in August 2015. Two reviewers conducted databases and screened papers for suitability. Methodological quality of papers was assessed by AMSTAR.

Results: Seven SRs (Three moderate quality; four low quality) were suitable for inclusion representing 72,083 migrants. All SRs reported that FGMs were at increased risk of at least one mental health condition including depression, anxiety, Post-Traumatic Stress Syndrome, and Schizophrenia. Decreased social mobility, migration to a country with a low gross national product and differing ethnicity to the population of the host country, all contributed to poorer mental health in FGMs.

Discussion: The increased risk of mental-ill health in migrants suggests migrants need for mental health services is greater than the indigenous population. However, research indicates migrants underutilise mental health services and face barriers to treatment (Franks et al. 2007). This suggests that resources may need to be directed towards ensuring culturally appropriate mental health treatment for migrants is available along with addressing barriers to treatment.

Conclusion: FGMs are at increased risk of mental ill health and socio-demographic, geographical and occupational factors were associated with this increase. Findings may enable improved public health responses to suit the needs of changing populations.

Recommended reading list

Franks W, Gawn N, Bowden G. (2007) Barriers to access to mental health services for migrant workers, refugees and asylum seekers, *Journal of Public Mental Health*; vol 6, pp. 33-41

Biography

I am currently working as Research Fellow at Queen's University Belfast, working specifically in the field of migrant health and well-being. I completed my PhD in 2014 working on research related the impact of complementary therapies on mental health and pain during pregnancy. I have an extensive background in health promotion having worked specifically in an acute hospital as a smoking cessation specialist and nutritionist. I also hold an MSc in Health promotion and population health and BSc honors in Nutrition.

7.4.2 Abstract number 408
10:20am**Careers in nursing: Individual, organisational and international viewpoints***Presenter: Ms Jacqueline Fitzgerald, RGN BA (Hons) PGCE MSc, Lecturer, Faculty of Health-care Sciences, Bangor University, Bangor, UK***Abstract**

Drawing on a study that explored the careers of UK-based migrant nurses, this presentation critically discusses a literature review of careers in nursing, including the national and international workforce policies implications.

To address urgent shortages, some countries have again turned to international nurse recruitment (RCN 2015). Longer term, career pathways are argued to be key to self-sustaining nursing workforce strategies (Rafferty et al. 2015). Recognised as both individual and relational, careers have implications for individuals and organisations. In the case of nurses, including migrant nurses, careers also have implications for health systems.

The narrative literature review analysed how the careers of nurses were conceptualised. The review focused on literature published between 1990 and 2014. The relevance of findings of the review to the careers of migrant nurses as portrayed in the nurse migration literature was subsequently examined.

The literature offered a predominantly high income country perspective. Reflecting the 'ordinariness of the career' (Cohen and Duberley 2013 p.165), a common understanding of career was frequently assumed. The themes of entry, participation and exit to, or from nursing corresponded to the stages of health workforce development (WHO 2006).

Nurses' careers were conceived as relational but analysed primarily from a service delivery perspective. The nurse migration concept (Freeman et al. 2012) also conceived nurses' careers as highly relational. Using theories such as motivation, nurses' careers as human capital are primarily viewed from a macro-level perspective. In comparing the literature, there was little overlap between the two bodies of literature.

Driven by national and international nursing shortages, including migration from countries facing shortages, this paper argues the nursing career concept reflect recruitment and retention imperatives. In the search for solutions to critical nursing shortages, approaches may have inadvertently constrained theoretical approaches, specifically, individual level of analysis potentially important to effective workforce policy and practice.

Recommended reading list

Freeman M., Baumann A., Blythe J., Fisher A. and Akhtar-Danesh N. (2012) Migration: a concept analysis from a nursing perspective. *Journal of Advanced Nursing* 68 (5), 1176-1186

Rafferty, AM., Xyrichis, A. & Caldwell, C. (2015). Post-graduate education and career pathways in nursing: a policy brief. London: King's College London

Royal College of Nursing (2015) International Recruitment 2015. London: RCN publishing

Biography

Jacqueline is a lecturer at Bangor University.

Her research interests are in the international nursing workforce specifically how nurses careers are constructed.

Theme: Questionnaires

7.5.1 Abstract number 248
9:50am**Mouths in care homes - what's going on in there?***Presenter: Dr Camille Cronin, PhD, Lecturer, University of Essex, Southend on sea, UK**Co-author(s): Phillip Cannell, UK***Abstract**

Background: Dental disease, despite being preventable remains a major public health problem globally (ICOHIRP 2015). Dementia in England is estimated at 676,000 people and expected to double in the next 30 years (Blow and Baker 2015). The cost of dementia to society is more than cancer, heart disease and stroke (DH 2015). Noble et al's (2013) review of patients with cognitive impairment had increased risk of oral health problems than their older counterparts' not suffering dementia with medication,

care dependency and restraining behaviour as contributing factors.

Methods: We investigated care homes' assessment of mouth care provision. A survey was conducted in June 2015 where 68 care homes were recruited purposively. A questionnaire was emailed to the manager of care homes across one unitary local authority and data was analyzed using Microsoft Excel.

Results: Twenty-eight care homes responded gaining a 41% response rate. There is some record of mouth care (71%), 57% record mouth care on admission. Patients continue with their dentists when moving in to a care home (68%, n=19 homes), yet 50% do not get support from the dentists in their care home. Homes report not receiving any formal training, and 79% having no training in mouth care in the last year. Most report denture care (96%) and 54% assess patients' oral hygiene twice a day. Identified challenges include dementia care, refusal of mouth care, lack of understanding and difficulties in accessing dental services.

Conclusions: Clear guidance on oral health assessment is required for care homes as older people have a higher risk of oral disease impacting their quality of life. Dental services will need to adapt to an increasingly older population through the use of greater skill mix in dental teams and the need to explore new ways of commissioning dental care services for vulnerable groups.

Recommended reading list

Blow E, Baker C (2015) Dementia: Statistics on prevalence and improving diagnosis, care and research. Briefing paper no 07007, House of Commons Library: London

Department of Health (2015) Prime Minister's Challenge on dementia 2020, February, p10. DH: London

The Improving Oral Health in Older Persons Initiative (IOHOPI) (2015) Oral Health Inequalities. British Dental Journal, vol 218, no6, p323

Biography

Camille Cronin (PhD, MEd, MSc, BSc (Hons), RN) is a lecturer in the School of Health and Human Sciences at the Southend Campus and contributes to teaching across programmes. Her nursing career spans through clinical practice, clinical and academic research and healthcare management. Her research interests include lifelong learning, workplace learning, learning environments, workforce issues and qualitative methodologies.

7.5.2

Abstract number 361

10:20am

Knowledge of palliative care staff about quality of life assessment in palliative care: a descriptive study

Presenter: Professor Gianluca Catania, Nurse, Department of Health Sciences

University of Genoa, Genoa, Italy

Co-author(s): Fiona Timmins, Ireland;

Annamaria Bagnasco, Italy; Giuseppe Aleo,

Italy; Milko Zanini, Italy; Silvia La Placa, Italy and Loredana Sasso, Italy

Abstract

Background: Assessment of quality of life of patients with palliative care needs is crucial to understand patients' needs, their experiences, and effectiveness of interventions. Knowledge of the staff regarding quality of life assessment in palliative care has not been widely tested yet.

Aims: The purpose of this study was to identify the level of knowledge among palliative care staff in Italy regarding the quality of life assessment in palliative care.

Methods: A descriptive cross-sectional survey design involving two hospice units in Italy was used.

Forty-three healthcare professionals from two hospice units were invited to participate in the study through email and directed to the survey website.

Questionnaires included a demographic questionnaire and the INFO-QoL questionnaire. The INFO-QoL questionnaire is a new content validated questionnaire for assessment of knowledge among palliative care staff regarding the quality of life assessment in palliative care.

Results: To date 32 professionals agreeing to participate and 27 of them completed the questionnaire. Preliminary results showed that among the 17 knowledge questions assessed, the mean number of correctly answered questions was 12 (SD=4.8) with a range from 9 to 15. The correct answer rate for the entire questionnaire, on average, was 72% (SD=24.9). Further analysis of items revealed that four questions had a mean score of correct answer lower than 50%.

Discussion: Preliminary results showed that staff had a fair knowledge about quality of life assessment. The knowledge was low on timing of quality of life assessment and issues related to reliability and validity of quality of life tools.

Conclusions: From these results, we conclude that there are significant knowledge deficits that may hamper quality of life assessment in palliative care settings. Our results may inform stakeholders on reinforcing outcome measurements issues in palliative care.

Recommended reading list

catania, G. (2015) 'Effectiveness of complex interventions focused on quality-of-life assessment to improve palliative care patients' outcomes: a systematic review.' Palliative Medicine, 29, 1, pp 5-21.

campbell, M. (2000) 'Framework for design and evaluation of complex interventions to improve health.' BMJ, 321,7262, pp 694-696.

Biography

Gianluca Catania (PhD, RN): researcher at University of Genoa - Department of Health Sciences (Italy).

His research interests are in the areas of palliative care, quality of life, nursing science and validation studies

Participation, as an invited speaker or with oral and poster presentations, at numerous congresses both nationally and internationally in the field of nursing science and cancer and palliative care.

Winner of grants for palliative care and nursing science studies.

Member of nursing societies, both national and international, in the field of cancer and palliative nursing (ONS, EONS, HPNA, AIIAO, SICP)

2007-2012 Regional Project Manager of Ligurian Region Study 'Experimental evaluation of the effectiveness of quality programs to improve pain management in cancer patients admitted in different hospital wards'. Funded by National Health Minister

Referee for Journal of Supportive Care in Cancer and BMC Nursing

Theme: Interviewing

7.6.1

Abstract number 403

9:50am

'Voices from the silence': a qualitative study giving voice to adults with intellectual disabilities and experience of mental health needs.

Presenter: Dr Paul Sutton, RMN, RNLD, BA, MSc, PhD, Research Associate, University of West London, London, UK

Abstract

Background: Mental health needs are more prevalent in people with intellectual disabilities than in the general population, with practically all categories of mental illness represented. The literature, however, indicates that the viewpoints of people with intellectual disabilities who have experienced concomitant mental health needs have received minimal exploration.

Research Aim: The primary aim of this research project was to investigate the experience of mental health needs from the individual perspectives of adults with intellectual disabilities.

Methods: A major focus of the study involved adapting the psycho-social conception of subjectivity and methodological framework, which has been developed by Hollway and Jefferson (2000,2013), and employing this as a means of enabling the inclusion and participation of people with intellectual disabilities in knowledge production concerning their care and support needs. Data production was based on case studies of seven service users who have manifested mental health issues. Methods for data production included 'free association narrative interviews', an examination of relevant case records, and information provided by key care staff. Data analysis involved working with the whole of the material gained during fieldwork, and paying attention to links and inconsistencies within that whole.

Results: Information elicited from the research participants reflected the various traumatic/ life events in their individual biographies, and advancement in the recognition of the emotional needs of people with intellectual disabilities. Experiential data obtained from the participants have also contributed to the proposed development of a theoretical model regarding psycho-social subjectivity within the field of Intellectual Disabilities.

Discussion: The psycho-social approach employed in this project was shown to provide an innovative and effective means of addressing the power asymmetry between the researcher and research participants.

Conclusion: Some findings resonate with those from previous studies, and have potential implications for policy makers, service providers and service users.

Recommended reading list

Hollway, W. and Jefferson, T. (2000) Doing qualitative research differently, SAGE Publications Ltd. : London

Hollway, W. and Jefferson, T. (2013) Doing qualitative research differently - A Psychosocial Approach, SAGE Publications Ltd. : London

Biography

Dr Paul Sutton is a Research Associate, University of West London. He has held a variety of posts within the field of Intellectual/Learning Disabilities for around three decades. During the early years of his career, he worked as a practitioner and a service manager in a range of health care settings in England, and in Canada. He subsequently moved into higher education where he was involved in the delivery and coordination of undergraduate, professional preparation, and continuing development programmes. In recent years, Paul completed studies for a Doctorate at the University of Portsmouth. His main research interests include; mental health needs in relation

to people with intellectual/learning disabilities, psycho-social studies, service user involvement in person-centred planning, education and training of carers, and spirituality.

7.6.2

Abstract number 410

10:20am

Experiences of family members with critical care diaries in an intensive care unit

Presenter: Miss Corrienne McCulloch, BSc (Hons), Senior Practitioner (Clinical Research), NHS Lothian/ University of Edinburgh, Edinburgh, UK

Abstract

Background: Diaries are currently used in some intensive care units (ICUs) across Europe and the UK to help patients and family members come to terms with the experience of critical illness, providing an account of when the patient was in ICU (Egerod, et al 2011). Started in the ICU, the diary is co-created by nurses and family members, yet research has mainly focused on the diary being used after ICU as an aid to recovery.

Aims: This presentation provides an insight into family members' experiences by Drawing on findings from a PhD study exploring the perspectives and experiences of patient's, nurse's and family member's use of critical care diaries.

Methods: Data were collected from February 2013 to June 2014 using semi-structured interviews with family members (n=6), patients (n=4) and nurses (n=6). Participants were purposively sampled in the ICU as a triad. Interviews were supplemented with field notes and photographs of diary entries. Family members and nurses were interviewed around the time the patient was in ICU and patients were interviewed between 3 and 6 months post ICU discharge. Transcribed data was analysed using a thematic approach (Braun & Clarke 2006).

Results: Key findings for family members revealed that the diary was being used in a number of ways for support during the time in ICU. For example family members referred to the diary for information, used the diary as a way to communicate with their loved one and experienced emotional support from using the diary.

Discussion and Conclusion: Exploring the use of diaries from multiple perspectives is a unique feature of this research. For the purpose of this presentation the focus will be on family members, providing valuable insight into how the diary is used during the time in ICU and highlighting the potential diaries may have in supporting family members during this difficult time.

Recommended reading list

Egerod, J. Storli, S.L. Åkerman E. (2011) Intensive care patient diaries in Scandinavia: a comparative study of emergence and evolution Nursing Inquiry. 18, 3. pp 235 - 246

Braun, V. Clarke, V. (2006) 'Using thematic analysis in psychology'. Qualitative Research in Psychology. 3, 2, pp 77 - 101

Biography

Corrienne is currently undertaking a PhD part time at the University of Edinburgh as part of a Clinical Academic Research Career Scholarship with NHS Lothian and the University of Edinburgh. Continuing to work as a critical care research nurse Corrienne has been involved in various types of research. Corrienne would like to continue to develop her skills as a nurse researcher in the area of critical care with her main interests around patient and family experience.

Theme: Research issues

7.7.1

Abstract number 321

9:50am

Using dyadic data analysis: the challenges and opportunities to help improve patient and family-caregiver outcomes in cardiovascular disease

Presenter: Dr Patricia Thomson, PhD, MPH, MA, RN, RNT, Senior Lecturer, School of Health Sciences, University of Stirling, Stirling, UK

Co-author(s): Kate Howie, Scotland, UK

Abstract

Introduction: The statistical analysis of data from pairs such as the patient-family caregiver is called dyadic analysis. The pair (or dyad) is considered a fundamental unit of interpersonal interaction and relations. Interpersonal phenomena such as caring and influence have often been studied by examining the patient's or caregiver's perspectives in isolation but this provides limited understanding of the processes that takes place among dyads. Dyadic data analysis allows for the assessment and testing of dependency. This is important in terms of helping improve patient outcomes and the health-related concerns of carers.

Aim of paper: This paper will present a critical analysis of the methodological challenges of conducting dyadic data analysis and the potential of this innovative research approach to help improved patient-family caregiver outcomes in cardiovascular disease. It will promote scholarly debate of the methodological issues involved in

examining the 'dyad' as a unit of analysis. It will also discuss the challenges of recruitment, data collection and analysis.

Methods: Multi-level dyadic modelling, the Actor-Partner Interdependence Model (APIM) (Kenny et al, 2006), will be critically discussed. In this model, a paired regression technique allows investigation of the relationships within pairs. For example, the patient-family caregiver predictor variables may be regressed on the patient-family caregiver outcome variables in a single regression model. The advantage of using the APIM is that it provides better insight into dyadic dynamics by taking both the individual and the partner contribution into account.

Discussion: previous studies of dyadic analysis conducted by the authors (Thomson et al 2012) will be used to illustrate the advantages of using this analytical approach over research that has simply included patients and family caregivers as separate entities. The implications for future research and the design of interventions that target the dyad to help improve patient-family caregiver outcomes will be debated.

Recommended reading list

Kenny DA, Kashy DA, Cook WL (2006) *Dyadic Data Analysis*. New York, Guilford Press.

Thomson P, Molloy GJ, Chung ML et al. (2012) The effects of perceived social support on quality of life in patients awaiting coronary artery bypass grafting and their partners: testing dyadic dynamics using the Actor-Partner Interdependence Model. *Psychol*

Biography

Registered nurse. Senior lecturer and researcher. Interest in cardiovascular research with patients and family caregivers.

Theme: Workforce/employment issues

7.8.1

Abstract number 204

9:50am

Help, hindrance or indifference? The impact of care experience prior to commencing nurse training, on caring and compassionate practice.

Presenter: Ms Sarah Field-Richards, RN, MNurSci (Hons), Research Fellow, University of Nottingham, Nottingham, UK

Co-author(s): Joanne Lymn, England; Patrick Callaghan, England; Helen Spiby, England; Gemma Stacy, England; Philip Keeley, England; Sarah Redsell, England; Sharon Andrew, England

Abstract

Background: Identification of failings in nursing care quality led Francis (2013) to recommend that care experience should form a prerequisite for entry into nurse training. Reiterating this as a potential means of fostering values conducive to compassionate care, the Department of Health (DH) (2013) introduced a pilot programme, providing individuals with NHS care experience prior to commencing nurse training. There is however little evidence regarding the impact of prior care experience (PCE) (pilot-derived or otherwise), on the subsequent development of students' caring and compassionate values and behaviours. The appropriateness and effectiveness of the Government's response, as a means of addressing concerns raised by Francis (2013), is therefore unknown.

Aim: To explore perceptions and experiences of the impact of PCE, on aspects of caring and compassionate practice.

Methods: Semi-structured telephone interviews with eight purposively sampled DH pilot participants (October 2015). Interviews were audio-recorded, transcribed verbatim and thematically analysed. The values and behaviours defining the 6Cs (DH, 2012) were employed a posteriori as an analytical framework.

Results: Preliminary analysis has identified positive, negative, actual and potential impacts of PCE on care, compassion, competence, communication, courage and commitment. The nature and discrete characteristics of PCE appear influential in determining perceptions of impact.

Discussion and Conclusions: Early insights of this research suggest that PCE can be understood as both a help and hindrance, in the context of fostering aspects of compassionate care. The study identifies critical implications for future research, including, that caution should be exercised in approaching and evaluating PCE as a homogenous phenomenon. The extent to which benefits can be ascribed uniquely to PCE per se, or whether they materialise equally

during nursing students' clinical placements, is unclear. The study will make an early, evidence-based contribution to political, educational and academic debates, surrounding the issue and impact of PCE, upon caring and compassion in nursing.

Recommended reading list

Department of Health (2012). *Compassion in practice: nursing, midwifery and care staff*. Our vision and strategy. London: The Stationary Office.

Department of Health. (2013). *Delivering high quality, effective, compassionate care*. Developing the right people with the right skills and right values. A mandate from the government to Health Education England: April 2013 to March 2015. London: The St

Francis, R. (2013). *Report of the mid staffordshire NHS foundation trust public inquiry*. London: The Stationary office.

Biography

Sarah Field-Richards is a Registered Nurse and PhD student at the University of Nottingham. She is also a Research Fellow working on a Department of Health funded Policy Research Programme grant, which aims to explore the impact of care experience prior to undertaking nurse training, on student nurses' caring and compassionate skills, values and behaviours. This four-year longitudinal study investigates the experiences of individuals involved in a Department of Health prior care experience pilot project. It also explores the relationship between having undertaken prior care experience, or not, and proxy measures of the 6Cs, amongst student nurses who commenced their studies in 2015. Today, Sarah will be presenting some early findings from this research.

7.8.2

Abstract number 148

10:20am

The craft of academic life: A challenge for early career nurse academics

Presenter: Professor Elizabeth Halcomb, RN BN(Hons) PhD FACN, Professor of Primary Health Care Nursing/Editor, Nurse Researcher, University of Wollongong, Wollongong, Australia

Co-author(s): Associate Professor Kath Peters, Australia; Professor Debra Jackson, UK

Abstract

Introduction: The existing literature about new academic staff highlights the substantial difficulties for those transitioning into new academic roles (McDermid et al. 2012). In practice-based disciplines such as nursing, recruitment of clinicians into academia is common. However, clinicians are often accustomed to being experts in

their field and are then positioned as novices in academia. The disparities between clinical and academic environments also pose unique challenges for new faculty (Cleary et al. 2011) and these challenges may inhibit them from progressing their academic careers (Jackson et al. 2011). This paper stems from a larger project that aimed to enhance leadership capacity in Early Career Nurse Academics (ECNA) and explore strategies employed by ECNAs and their mentors to support for the career progression.

Methods: Two large Australian Schools of Nursing participated in the project. Data were collected from early career nurse academics and their mentors via semi-structured interviews. Interviews were digitally recorded, transcribed and thematically analysed.

Results: 17 ECNA's and 16 mentors participated. Four major themes emerged from the data: Having a vision for the possibilities, Being able to manage the busyness, Avoiding getting stuck (keeping moving) and, Recognising sources of help and support. As most ECNAs were recruited from a structured clinical environment, they struggled to manage the less-structured and multi-faceted nature of academia. They encountered difficulties with time management and required support from managers and mentors to facilitate career planning and workload management.

Conclusion: Discussions within nursing faculty are required to determine what is crucial to the academic role as opposed to what is seemingly most valued. Such discussions should encourage ECNAs to learn the full craft of academia rather engaging in career development at a superficial level using a check list approach to fulfilling promotion requirements.

Recommended reading list

Cleary, M., Horsfall, J., & Jackson, D. (2011). Mental Health Nursing: Transitions from practice roles to academia. *Perspectives in Psychiatric Care*, vol 47, no 2, pp 93-97.

Jackson, D., Peters, K., Andrew, S., Salamonson, Y., & Halcomb, E. J. (2011). 'If you haven't got a PhD, you're not going to get a job': the PhD as a hurdle to continuing academic employment in nursing. *Nurse Education Today*, vol 31, no 4, pp 340-344.

McDermid, F., Peters, K., Jackson, D., & Daly, J. (2012). Factors contributing to the shortage of nurse faculty: A review of the literature. *Nurse Education Today*, vol 32, no 5, pp 565-569.

Biography

Professor Elizabeth Halcomb is Professor of Primary Health Care Nursing at the University of Wollongong, Australia. She is an experienced academic nurse leader who is committed to developing researchers in both academia and the clinical setting. In addition to being an active supervisor of Bachelors (Honours) and Higher Degree research students Professor Halcomb teaches into the postgraduate coursework programs.

Professor Halcomb leads a strong research program in primary care nursing, with particular emphasis on nursing in general practice, chronic disease and nursing workforce issues. She also undertakes research around learning and teaching in nursing, academic workforce development and research methodology. Professor Halcomb has particular interests in mixed methods research and evidence based practice.

Professor Halcomb has attracted over \$1.9 million in research funding, with over \$610,000 as the first named Chief Investigator. She has a strong track record of publication, with over 95 peer reviewed papers and 12 book chapters. Currently, Professor Halcomb is an Editor of *Collegian - The Australian Journal of Nursing Practice, Scholarship & Research*, an Associate Editor of *BMC Family Practice* and member of the Editorial Board of the *Australian Journal of Primary Health Care*. In 2014 she was appointed Editor of *Nurse Researcher*.

Concurrent session 8

Friday 8 April 11.15 – 11.40

Theme: Mixed methods

8.1.1 Abstract number 305

11:15am

Relational capacity of nursing teams: exploring the relationship between team context, relational capacity and caring practices

Presenter: Paula Libberton, Faculty of Health Sciences, University of Southampton, Southampton, UK

Co-author(s): Dr Lisa Gould, UK, Hannah Barker, UK, Dr Ines Mesa, UK, Professor Peter Griffiths, UK, Professor Jackie Bridges, UK

Abstract

Background: There is consensus that older people in hospital do not consistently experience nursing care as compassionate (DH 2014). Strong evidence exists that the characteristics of the work setting at ward level are a key determinant of whether or not nurses are able to enact their caring role (Bridges et al 2013). Characteristics such as: staffing levels; skillmix; ward climate; time; self-compassion; empathy; and resilience have been suggested as influencing factors on the capacity of nurses to engage in relational work (Maben et al 2012). There is limited evidence of the relationship between these factors, nursing staff perceptions of their relational capacity and caring practices.

Aim: To explore the relationships between nurses' caring practices, ward-level organisation and perceptions of relational capacity on six acute wards in two UK general hospitals.

Methods: Qualitative interviews with nursing staff, patients and visitors over an 8 month period focusing on their perceptions of compassionate care on the ward and relational capacity of the ward team. Questionnaires administered to all nurses and care assistants: Maslach Burnout Inventory; Jefferson Scale of Empathy; and Climate for Care. Patients administered the Patient Evaluation of Emotional Care During Hospitalisation (PEECH) survey and visitors the Carers Evaluation of Care. Data gathered in 2015 as part of a wider feasibility study on a compassionate care intervention. Analysis of qualitative data using a constant comparative method aiming to explore associations. Triangulation of findings from different datasets to enable comparisons and explanations to emerge.

Results: Data are being analysed at time of submission and will be available for presentation at the conference.

Conclusions: Insights generated from the findings will provide a better understanding of the challenges faced by nursing now. This will be essential in guiding how to improve and support future relational nursing care practices.

Recommended reading list

Bridges J, Nicholson C, Maben J, Pope C, Flatley M, Wilkinson C, Meyer J and Tziggili M (2013) Capacity for care: meta-ethnography of acute care nurses' experiences of the nurse-patient relationship. *Journal of Advanced Nursing* 69(4): 760-72

Department of Health (2014) *Hard Truths*. The journey to putting patients first. The Stationary Office, London.

Maben J, Adams M, Peccei R, Murrells T and Robert G (2012) 'Poppets and parcels': the links between staff experience of work and acutely ill older peoples' experience of hospital care. *International Journal of Older People Nursing* 7(2): 83-94

Biography

Paula is a Lecturer in Nursing with a background in mental health. Paula has over 15 years experience in higher education. Paula has led a number of initiatives aimed at improving practice learning environments. More recently, Paula has devoted time to exploring relational nursing care in general hospital settings. Paula believes that an effective interface between education, research and practice is the way to improve patient outcomes. Involvement in the research presented has provided the opportunity to realise this ambition.

8.1.2 Abstract number 302

11:45am

Exploring the role of relational value in health and care in an extra care housing environment

Presenter: Dr Elaine McNichol, PhD, University of Leeds, Leeds, UK

Abstract

Background: Human relationships are increasingly recognised as an important facet within health and social care systems, eg: Mid Staffordshire. This research explores a number of relational attributes, focussing on integrity, respect, fairness, empathy and trust and seeks to establish which potential behaviours, activities and processes support these attributes and

potentially lead to improved health and care system level outcomes.

Aim: The aim is to develop a framework of what is important relationally for a 'successful' elderly extra-care housing (ECH) facility (Riseborough and Fletcher 2008,) and then develop a series of questions developed from the research, to check the extent to which the behaviours are present.

Methods: Using Q Methodology (Stephenson 1953), fifty research derived statements were presented to a cohort of forty people, including residents, staff and wider stakeholders in an elderly ECH environment. Semi structured interviews were conducted with each individual as they 'sorted' the statements. In addition, demographic data was collected and residents completed the Older People's Quality of Life questionnaire (OPQOL-brief).

Results: Patterns have emerged from the Q sort, showing the distribution of the responses (most to least important). These have been examined alongside the analysis of the semi structured interviews and other collected data. The results have informed the development of a behaviour based questionnaire to assess the presence in the system of the relational attributes that the stakeholders had identified as most important.

Discussions: A worldwide ageing population and recent reports of poor quality residential care (CQC 2015) demonstrates the need for high quality facilities that meet the needs of a diverse range of residents. Using relational health as a benchmark is one way of achieving this

Conclusions: The findings are influencing the organisational design and performance of a further five planned ECH facilities and are being explored for further research in other environments.

Recommended reading list

Stephenson, W. (1953) 'The study of behavior; Q-technique and its methodology.' University of Chicago Press. ix 376 pp.

Riseborough, M., Fletcher, P. (2008) *Extra Care Housing - what is it?* CSIP Networks, London

Care Quality Commission (2015). *The state of health care and adult social care in England 2014/15*. Newcastle

Biography

I am a registered mental health nurse with experience of working in the NHS, as a freelance consultant and within Higher Education. I am currently academic lead for service user and carer involvement and am involved in a number of funded studies developing a patient led approach to service and product innovation, working with both the NHS and health technology organisations.



8.1.3

Abstract number 314

12:15pm

Quantity and quality of interaction between staff and older patients in UK hospital wards: a descriptive study

Presenter: Miss Hannah Barker, BN, MSc Public Health Distinction, University of Southampton, Southampton, UK

Co-author(s): Professor Peter Giffiths, Ines Mesa-Eguigaray, Dr Lisa Gould, Professor Jackie Bridges

Abstract

Background: The quality of interactions between hospital patients and staff is key to shaping experiences during their stay (Bridges et al. 2010). Analyses of UK and international care failures indicate that low frequency and quality staff-patient interactions can undermine quality of care and patient experiences (Reader & Gillespie 2013). However no studies have comprehensively explored both the quality and quantity of interactions in general hospital settings.

Aims & Objectives: To identify the frequency and length of staff-patient interactions, to characterise the quality of staff-patient interactions and to identify associations between negative ratings and patient, observation and interaction characteristics.

Methods: Managers of six out of seven invited wards with high proportion of older inpatients in two English acute NHS hospitals agreed to participate. Included wards were medicine for older people (n=4), urology (n=1) and orthopedics (n=1). Eligible patients were randomly sampled, recruited and observed. Ten two-hour observation sessions per ward were conducted Monday-Friday, 08:00-22:00 hrs in March/April 2015. Researchers used the Quality of Interaction Schedule (QuIS) to rate each staff-patient interaction as positive, neutral or negative (Dean et al. 1993).

Results: 133 patients were observed during 1554 interactions over 120 hours of planned observation. An average of six interactions per patient per hour were observed. The average length of interaction was 101 seconds with 64% lasting <60 seconds. 73% of interactions were categorised as positive, 17% as neutral and 10% as negative. Type of care made a difference to the likelihood of a negative interaction, with communication and personal care tasks more likely to be rated negatively (OR [95%CI]: 2.71 [1.25,5.90] and 4.24 [1.88,9.53] respectively).

Conclusion: While a high proportion of interactions were positive, the findings indicate that there is scope for increasing the amount of staff-patient contact and for further improving the quality of interactions.

Recommended reading list

Bridges, J. Flatley, M. & Meyer, J. 2010. Older people's and relatives' experiences in acute care settings: Systematic review and synthesis of qualitative studies. *International Journal of Nursing Studies*, 47, pp.89-107.

Reader, T.W. & Gillespie, A. 2013. Patient neglect in healthcare institutions: a systematic review and conceptual model. *BMC health services research*, 13(156), pp.1-15.

Dean, R. Proudfoot, R. & Lindesay, J. 1993. The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry*, 8, pp. 819-826.

Biography

I graduated with a Bachelor of Nursing Adult Branch degree from the University of Southampton in 2011. From here I gained 2 jobs working as a frontline band 5 staff nurse, I spent one year working in a respiratory/cardio ward and one year working in a neuroscience intensive care unit. I then read a masters (MSc) in Public Health with the Faculty of Medicine at the University of Southampton, I was drawn to the idea of preventative health care as a way of lessening the burden of ill health that is placed on the NHS. During this course I realised that I had a passion for research. So when I finished the MSc I applied for a job involving research into the delivery of compassionate care in hospitals. It brought together my experience of nursing and my passion for research. I got the job and I'm still working there now and love it.

Theme: Documentary research

8.2.1

Abstract number 259

11:15am

The journey to Assistant practitioner

Presenter: Dr Camille Cronin, PhD, Lecturer, University of Essex, Southend on sea, UK

Co-author(s): Leigh O'Shea

Abstract

Background: Assistant Practitioners (APs) have been contributing to the health care workforce for some time. They work to a level above that of a health care assistant (HCA), working under the supervision of a nurse (RCN 2015). They make up 40% (789,600) of the UK total workforce where 14,000 are APs (Skills for Health 2015). The most common route to become an AP is to complete a 2-year foundation degree in health care, which involves a combination of study and supervised practice.

Methods: Through the collection of course and workplace documentation we investigated APs' workplace journey. Data was collected prospec-

tively from 3 different intakes at different stages of their programme using end of term narratives, presentations and workplace evaluations. All data was analysed by the course team.

Results: Qualitative data from 57 students revealed a mixture of responses: 'they have no time for me at work', 'I'm on long days and its hard to fit in study', 'they won't have Band 4 jobs when I finish', 'my confidence is like a roller coaster ride', 'it's so busy there is no time to do my skills book', 'my supervisor has many students and student nurses get priority', 'I am really enjoying learning again and wished I started earlier', 'I want to understand what I do at work'.

Conclusions: Misunderstanding the AP role is common and lack of clarity in planning for the AP role. Supervisors have less time to support learning in the workplace. The AP has a greater input into a patient's treatment with Spilsbury et al (2010) identifying up to 61% were either doing written or oral reports and 30% were involved in multi-disciplinary team meetings. Economic Drivers within healthcare are encouraging a dilution of traditional roles and new models of working involving APs are evolving

Recommended reading list

RCN (2015) Become an assistant practitioner, www.rcn.org.uk, [Accessed 13 November 2015].

Wheeler I (2015) Drivers and barriers for the continued development of Assistant Practitioners roles, Skills for Health: London.

Spilsbury, K, Bloor, K, Bartlett, V. (2010) Assistant practitioners: identity, responsibilities and development. www.rcn.org.uk. [Accessed 13 November. 2015].

Biography

Camille Cronin (PhD, MEd, MSc, BSc (Hons), RN) is a lecturer in the School of Health and Human Sciences at the Southend Campus and contributes to teaching across programmes. Her nursing career spans through clinical practice, clinical and academic research and healthcare management. Her research interests include lifelong learning, learning environments, workforce issues including the role of the assistant practitioner and qualitative methodologies.

8.2.2 Abstract number 122

11:45am

Learning lessons from patient complaints relating to staff attitudes, behaviour and communication using the concept of emotional labour

Presenter: Dr Rhona Hogg, RGN HV Cert, BSc, PhD, Clinical Nurse Lead - Applied R&D, NHS Greater Glasgow and Clyde, Edinburgh, UK

Co-author(s): Janet Hanley, Scotland

Abstract

Background: Recent high profile UK enquiries highlight the need to learn lessons from patient complaints. The most common focus of complaints both locally and internationally is staff attitudes, behaviour and communication (Scottish Health Council 2009, Taylor 2002). This presentation reports on a study which originated in concerns about rising numbers of complaints in a Scottish Health Board from patients and their families concerning these areas.

Aims: 1. To identify and explore patients' perceptions of good and poor care relating to communication, attitudes and behaviour.

2. To explore how these aspects of care can be recognised and improved, using the concept of emotional labour as a framework (Hochschild 1983).

Methods: Fifty randomly selected letters of complaint to one Scottish health board during January - June 2011, which related to communication and/or staff attitudes or behaviours, were analysed thematically.

Findings: Patients come to healthcare encounters with expectations of kind and compassionate care. The care they receive affects their emotional wellbeing and how they anticipate future health care encounters. Some staff appear calm and kind in a busy environment where others present themselves as harassed and uncaring.

Discussion: It is important that healthcare workers, managers and professional leaders understand and recognise the emotional labour associated with displaying good attitudes, behaviour and communication with patients, rather than this important component of healthcare remaining invisible. The target driven culture and consumerist perspective encouraged among patients mitigate against the softer aspects of care, but this can be overcome by leaders who demonstrate a person-centred, caring approach to patients and staff.

Conclusion: This presentation will demonstrate how a framework based on emotional labour can be used to make visible and improve staff attitudes, behaviour and communication in the healthcare setting.

Recommended reading list

Hochschild AR (1983) *The Managed Heart: The Commercialisation of Human Feeling*. Berkeley: University of California Press.

Scottish Health Council (2009) *Making it Better: Complaints and Feedback from Patients and Carers about NHS Services in Scotland*. Glasgow: Scottish Health Council.

Taylor D, Wolfe R and Cameron A (2002) Complaints from emergency department patients largely result from treatment and communication problems. *Emergency Medicine* 14, 43-49.

Biography

After many years of health visiting, I undertook a Research Training Fellowship from 1996 - 1998 at the University of Edinburgh, funded jointly by the Scottish Government and NHS Lothian. I then worked part time as research lead for community nursing and part-time as a health visitor until 2009 when I was seconded for a year to work as a community nursing research lead in Kampala, Uganda. I worked with community nursing colleagues in an HIV/AIDS organisation to demonstrate the effectiveness of their nurse-led model of care. On returning to Scotland I worked within the newly set up Edinburgh Health Services Research Unit before moving in 2013 to my current post leading the implementation of the NHS Greater Glasgow and Clyde Nursing and Midwifery Research Strategy.

8.2.3 Abstract number 257

12:15pm

Spanish nursing migration since the crisis

Presenter: Professor Sioban Nelson, PhD, RN, University of Toronto, Toronto, CA

Co-author(s): Paola Galbany Estragues, Spain

Abstract

Background: After the financial crisis of 2008, increasing numbers of Spanish nurses are going abroad to work. Little is known about this phenomenon and its impact on Spanish Health Human Resources (HHR).

Objectives: To examine Spanish nursing migration between 2010 and 2014.

Design: Review of Spanish and European mobility and HHR data.

Data sources: We examined data published from Health Statistics, Organization for Economic Cooperation and Development (OECD) (1996 to 2013), and European directives concerning mobility. Spanish sources include Ministry of Education, Culture and Sports (1995 to 2014), Ministry of Employment and Social Security (2009 to 2014), Ministry of Health, Social Services and Equality (1997 to 2014), and Statistics National Institute (1977 to 2014).

Results: Trend analysis reveals a transformation of the Spanish health system reducing the number of nurses per capita from 2010. Moreover, reductions in public spending, labour market reforms and widespread unemployment have particularly affected nurses in two ways: increasing the number of job applicants for per vacancy between 2009 and 2013, and the increasing the number of casual positions. Despite the poor job market and decreasing job security, the number of registered nurses and nursing graduates in Spain per year has continued to grow.

Discussion: With its low birth rate, increased life expectancy and increasing chronic disease, it is critical for Spain to have sufficient nurses now and into the future. Spain produces nurses, but the inability of the system to employ them has led to an increase of migration since 2010.

Conclusions: Spain is becoming a producer of nurses for foreign markets, principally in Europe. It is critical that there be an increased understanding of this phenomenon by Spanish policy makers, health service providers and educators in order for Spain to develop HHR policy that addresses the health care needs of the Spanish population.

Biography

Professor Sioban Nelson is the Vice Provost Academic Programs and Faculty and Academic Life at the University of Toronto. The former Dean of Nursing at UofT, Sioban is the author of three books and six edited volumes, including the acclaimed 'Say little do much': *Nursing, Nuns and Hospitals in the Nineteenth Century* (University of Pennsylvania Press, 2001) and the prize-winning *Complexities of Care: Nursing Reconsidered* (co-edited, with Suzanne Gordon, Cornell University Press, 2006). Her most recent work is a coauthored book (Nelson, Tassone and Hodges, Cornell 2014) on Interprofessional education and practice, 'Creating the healthcare team of the future'. Sioban is currently working on a history of nursing mobility and a series of projects on nursing in Spain.

Dr. Paola Galbany Estragues is a Post-doctoral Fellow at the University of Toronto. She is a Senior Lecturer in the Department of Nursing, Universitat Autònoma de Barcelona, Spain.

Theme: Research issues

8.3.2 Abstract number 165

11:45am

Reflexivity, qualitative research, and the PhD process

Presenter: Professor Ruth Northway, PhD, MSc (Econ), RNLD, Cert Ed(FE), FRCN, Professor of Learning Disability Nursing, University of South Wales, Pontypridd, UK

Abstract

Background: Reflexivity requires critical self-examination of the researcher's position within their research, the impact of this on the research, and is achieved through a continuous process of internal dialogue (Berger, 2015). It is viewed as 'imperative' in qualitative research (Birks, 2014) being both a process through which quality can be maintained and a source of knowledge generation. Nonetheless, it has also been described as a 'messy' process (Kuwee Kumsa et al, 2015) and this can present challenges for the PhD student (particularly from a practice based discipline such as nursing) both in terms of developing such an approach and reflecting this in their thesis.

Aims:

- To critically explore the nature of reflexivity.
- To examine some of the challenges it can present within the PhD process particularly in the context of practice based disciplines such as nursing.
- To discuss strategies for promoting reflexivity and incorporating it within a thesis

Methodological Discussion: Nurses undertaking qualitative research as part of their PhD can face particular challenges since they are positioned as both nurse and researcher. Reflexivity within this context therefore often involves critical self-reflection not only as a researcher but also as a clinician and this can be difficult and demanding both in terms of maintaining such an approach and in demonstrating this within a thesis. Nonetheless a reflexive approach to research can enhance the quality of both research and practice. The presentation will draw upon literature and personal experience as a PhD student, supervisor and examiner to achieve the stated aims. A critical approach will be taken and practical strategies will be explored.

Conclusion: Whilst maintaining and demonstrating a reflexive approach can be challenging it is an essential component of qualitative research and strategies need to be in place to enable PhD students to develop and demonstrate reflexivity.

Recommended reading list

Berger, R. (2015) Now I see it, now I don't: researcher's position and reflexivity in qualitative research, *Qualitative Research*, 15 (2) 219 - 234

Birks, M (2014) Practical philosophy. In Mills, J. Birks, M. (eds) *Qualitative Research. A Practical Guide*, London: SAGE. Pp 17 - 29

Kuwee Kumsa, M., Chambon, A., Chung Yan, M., Maiter, S. (2015) Catching the shimmers of the social: from the limits of reflexivity to methodological creativity, *Qualitative Health Research*, 23 (2) 248 - 255

Biography

Ruth Northway is Professor of Learning Disability Nursing at the University of South Wales where she also leads the Unit for Development in Intellectual Disabilities and is involved in PhD supervision and examination. She edits the *Journal of Intellectual Disabilities* and is currently Chair of the RCN Research Society Steering Committee.

8.3.3

Abstract number 9

12:15pm

Methodology: An introduction to discourse analysis and its usefulness in nursing research

Presenter: Professor Michael Traynor, MA (Cantab.) PhD, Professor of Nursing Policy, Middlesex University, London, UK

Abstract

Background to the method/debate: Discourse analysis (DA) is the name given to a range of approaches to analysis of text and talk developed within the social sciences and linguistics from the 1960s. It has been popular in nursing research but often used poorly because researchers have brought assumptions from other qualitative approaches that do not apply to DA work (Buus 2005).

Aims of the paper to: 1) set out the range of practices that go under the name of discourse analysis and discuss their different assumptions; 2) offer a simple typology of approaches; 3) review some of the debates, dilemmas and tensions within the field; 4) discuss its use in nursing research and make the case for its usefulness in this field.

Methodological Discussion: DA can be understood as comprising four fields of focus (Traynor 2013):

- 'Identifying code': Language regularities and linguistics
- 'Use and interaction': Conversation Analysis
- 'Interpretive repertoires': Studies of particular activities
- 'Societal discursive practices': Critical discourse analysis and post-structuralism

Debates within DA practice concern the relationship of 'discourse' to the non-discursive and the relationship between the 'agency' of discourse

and human agency. Some argue there is an uneasy border between text, as focus of study, and 'context' which lies beyond the text and may be excluded from study.

DA has been used in nursing research to investigate nurse-client interaction and the operation of sources of power on nurses and their work. It is highly appropriate for such work.

Conclusion summarising the contribution of the paper: discourse analysis can present a problem to researchers who are steeped in humanist assumptions so a careful consideration of its various theoretical bases is needed. DA has particular relevance to questions posed by nurse researchers.

Recommended reading list

Buus, N. (2005). 'Nursing scholars appropriating new **Methods:** the use of discourse analysis in scholarly nursing journals 1996-2003.' *Nursing Inquiry* 12(1): 27-33.

Traynor, M. (2013). 'Discourse Analysis'. The *Routledge International Handbook of Qualitative Nursing Research*. C. T. Beck. Abingdon, Oxon, Routledge: 282 - 294.

Biography

Michael Traynor studied English Literature at Cambridge University before entering nursing. He is currently Professor of Nursing Policy at Middlesex University, UK. He has written extensively on discourse analysis and policy issues.

Theme: Interviewing

8.4.1

Abstract number 37

11:15am

Exploring the views and experiences of using mobile information and communication technology (mobile phones, laptop or tablet computers) by people with mood disorder: A qualitative study

Presenter: Mr Hamish Fulford, MSc, BN, BA, PG Dip, School of Nursing and Health Sciences, University of Dundee, Dundee, UK

Co-author(s): Dr Steve MacGillivray, Scotland, UK; Dr Linda McSwiggan, Scotland, UK; Prof Thilo Kroll, Scotland, UK.

Abstract

Background: A systematic review and meta-synthesis identified that no research had explored how people with mood disorders used mobile information and communication technology (mICT) in their everyday lives and more specifically, how they might use mICTs to look after themselves. This oversight has led to tech-

nology redundancy and high attrition rates. Further research was therefore required to understand the meaning this type of technology held for people with mood disorders.

Aims/Objectives: The study aimed to explore the views and experiences of using mICTs by people with mood disorders, and their mental health care professionals. A qualitative study using in-depth, semi-structured interviews with thirty people with depression in secondary and specialist mental health services and 10 mental health care professionals.

Method: Participants' data sets were analysed using an adapted Grounded Theory approach. Grounded theory involves the gradual identification and integration of categories of meaning from the data, and the identification of relationships between them.

Results: A grounded theory of how mobile technology is used in daily life, and also, more specifically, how it might be used to manage recovery from mood disorder. The core category which emerged from the data forming theory was 'Centrality through Inter-connectivity' and this with its sub-categories will be discussed.

Discussion/Conclusion: The research study begins to fill the gap in our understanding in regards to the meaning this type of technology holds for people with mood disorder and such research might provide valuable information on how technology is subjectively and collectively perceived. Understanding how mobile technology is used by people with mood disorder and its role in the management of long-term conditions could aid technological design and support clinical practice.

Biography

I graduated with a BA (Hons) from the Institute of Archaeology, University College London in the late 1990s and worked as a field archaeologist in research and commercial projects around the UK. I completed a PG Dip in Information Technology with University of Abertay Dundee in 2001 and a BN in Mental Health Nursing with University of Dundee in 2008. Since qualifying I've worked in acute functional assessment wards for both adults and older people with mental health problems; substance misuse and latterly as a community mental health nurse. I qualified from University of Abertay Dundee in the summer of 2013 with an MSc (Distinction) in Pluralistic counselling and psychotherapy. I started my PhD studentship with University of Dundee/NHS Tayside in September 2013 as a full-time student and working one day a week as a community mental health nurse.

8.4.2

Abstract number 61

11:45am

Rethinking presence: A grounded theory of nurses and teleconsultation

Presenter: Mr David Barrett, RN, BA(Hons), PgDip, PgCert, Faculty of Health and Social Care, University of Hull, Hull, UK

Abstract

Background: Teleconsultation is the use of video to facilitate real-time, remote interaction between healthcare practitioners and patients (Barrett, 2012). Though its popularity is growing, there is little understanding of how teleconsultation impacts on the role of nurses.

Study Aim: The study aimed to develop a theory that offered an evidence-based insight into the use of teleconsultation by nurses.

Method: The study adopted a constructivist grounded theory method (Charmaz, 2006), supplemented by some Straussian analytical approaches (Strauss & Corbin, 1998). During 2014, 17 Registered Nurses were theoretically sampled and participated in interviews exploring their experiences, knowledge and feelings surrounding teleconsultation. Interviews were recorded, transcribed and subjected to three-stage, non-linear analysis.

Results: The core category identified from the data was 'nursing presence'. Four subcategories of nursing presence were identified:

- Operational presence: Administrative, organisational and technical activities
- Clinical presence: specific healthcare functions such as patient assessment
- Therapeutic presence: Activities that support patient well-being (e.g. reassurance and support)
- Social presence: Social interaction and a feeling of someone 'being there'.

The degree to which presence could be achieved was dependent upon three influencing factors - enablers, constraints and compensation. These factors were products of specific characteristics of teleconsultation, the agents involved in them, and the context of care.

Discussion: The findings from the study suggest that whilst teleconsultation offers a different modality of nursing care from 'traditional', face-to-face approaches, it still allows for a range of roles and functions to be carried out. More broadly, the work suggests that traditional models of 'nursing presence' as a transient and rather nebulous concept are not a true representation of nurses' work.

Conclusion: Nurses provide different types of presence during teleconsultation, with the degree of presence dependent on specific characteristics of video-mediated communication. These conclusions, coupled with a broader discussion of the reconceptualization of nursing presence, will be presented.

Recommended reading list

Barrett, D. (2012) 'The role of telemonitoring in caring for older people with long-term conditions'. *Nursing Older People*, 24, 7, pp 21-25.

Charmaz, K. (2006) *Constructing grounded theory: A practical guide through qualitative analysis*. Los Angeles: Sage.

Strauss, A. & Corbin, J. (1998) *Basics of qualitative research: Techniques and procedures for developing grounded theory*, 2nd edition. Thousand Oaks: Sage Publications.

Biography

David is the Director of Pre-Registration Nurse Education at the University of Hull. After qualifying as a Registered Nurse in 1994, he embarked on a career in cardiac care. He left the NHS in 2002 to commence an academic nursing career.

In addition to his teaching and student support responsibilities, his current role includes the development and delivery of education, research and service improvement related to telehealth and telecare. He carries out service evaluations for public and private sector organisations, has developed a suite of educational resources, published a number of research and review articles, and speaks regularly at events focusing on Technology Enhanced Care. He has recently completed a PhD exploring nurses' experiences of using video-consultation to support the delivery of healthcare.

Theme: Systematic review

8.5.1

Abstract number 230

11:15am

Experiences of well-being and suffering after hip fracture: A systematic review and meta-synthesis

Presenter: Mrs Birgit Rasmussen, PhD student, Master of Humanities and Health, Diploma of Medical Research, Horsens Hospital, Department of Rehabilitation and Department of Research, Horsens, Denmark

Co-author(s): Lisbeth Uhrenfeldt, Denmark

Abstract

Background: Dependency and limited functional ability is common when older people fracture their hip. Experiences of well-being seem to be important during recovery and when living with a hip fracture as a balancing of suffering. Evidence exists that self-confidence is important during rehabilitation and when managing in everyday life after hip fracture. Identifying the meaning of a hip fracture in older people can provide a deeper understanding of what matters during rehabilitation and when managing in everyday life.

Aim: To aggregate, appraise, interpret and synthesise findings from qualitative studies of lived experiences of well-being and suffering within one year after discharge with hip fracture.

Method: Following the methodology of the Joanna Briggs Institute, a three-step literature search strategy was developed. Initially, a structured search was performed in the databases CINAHL, MEDLINE, PsycInfo and EMBASE. Second, Google Scholar was searched for grey literature. Third, references and cited citations of all retrieved studies were reviewed for additional studies. Studies included were critically appraised and study details were extracted. An analysis inspired by Kvale following five steps of meaning condensation was performed.

Results: 30 studies were critically appraised, leaving 29 studies for inclusion in the analysis. Two main categories emerged, each containing three sub-categories. 'Balancing a new life' described how participants strived to regain well-being through 'Adaptations', 'Adjustments' and 'Worries'. 'Striving for interaction with new life possibilities' described the influence from 'Supportive interaction', 'Missing interaction' and 'Obstacles' when aiming for well-being. A meta-synthesis: 'Establishing well-being' was an abstraction of the categories into a new whole.

Conclusion: The meta-synthesis provided evidence that both the sufferings and the possibilities of older people need to be addressed during rehabilitation to support experiences of well-being, independency and confidence after a hip fracture. The study contributed with evidence for the development of supportive interventions.

Recommended reading list

Rasmussen, B. And Uhrenfeldt, L., (2014). Lived experiences of self-efficacy and well-being in the first year after hip fracture: a systematic review protocol of qualitative evidence. The JBI Database of Systematic Reviews and Implementation Reports, 12(10), pp. 73-84.

Pearson, A., Wiechula, R., Court, A. And Lockwood, C., (2005). The JBI model of evidence-based healthcare. International Journal of Evidence-Based Healthcare, 3(8), pp. 207-215

Ludvigsen, M.S., Hall, E.O., Meyer, G., Fegran, L., Aagaard, H. And Uhrenfeldt, L., (2015). Using Sandelowski and Barroso's Metasynthesis Method in Advancing Qualitative Evidence. Qualitative health research, .

Biography

Presenter is physiotherapist with clinical, teaching and leadership experiences. In 2006 a master degree of Humanities and Health Studies, in 2014 a diploma in Medical Research was achieved. Based on a published protocol, my supervisor and I submitted a qualitative systematic review and meta-analysis on the experiences of older people with a hip fracture.

In 2015 a presentation of our work took place both at an international conference and a national conference. From 1st dec. 2015 I am

enrolled as a PhD student at the University of Aarhus, Denmark

8.5.2

Abstract number 278

11:45am

Well-being in physical activity when severely obese - a systematic review and meta-synthesis

Presenter: Mrs Bente Skovsby Toft, B.Sc,MHH, DipMedRes, Horsens Regional Hospital

Department of Lifestyle Rehabilitation, Horsens, Denmark

Co-author(s): Lisbeth Uhrenfeldt, Denmark

Abstract

Background: Worldwide inactivity and sedentary lifestyle has become a challenge, particularly among people living with severe obesity. Small changes are found to improve physical and mental health and well-being. A holistic, humanistic approach to patients' experiences might be essential for successful intervention.

Aim: to identify, critically appraise and synthesize the experiences of facilitators and barriers to physical activity among severely obese adults (BMI ≥ 40 kg/m²).

Methodology: The search strategy followed the guidelines of The Joanna Briggs Institute by performing a three-phase search strategy. Qualitative research findings were extracted, pooled and grouped into sub-themes and themes and data from primary studies were extracted and underwent a hermeneutic text interpretation and a data-driven coding in a five-step procedure focusing on meaning and constant targeted comparison. The theme and sub-themes were merged into the meta-synthesis.

Results: Eight papers were included for the systematic review, representing the experiences of physical activity among 212 participants (143 women and 69 men). A main theme 'Identity' developed from the meta-data analysis with the sub-themes: 'considering weight'; 'being able to' and 'belonging with others' and developed the meta-synthesis: 'Homecoming: a change in identity'.

Discussion: This study supports the dimensions doing, being, becoming and belonging as relevant for approaching the experiences of being a large body in activity. It might contribute to a shared language and a humanistic and existentialistic approach to practice by addressing the lifeworld of the patients and focusing on well-being. BMI classifications turned out to be problematic, but necessary.

Conclusion: Different motivations and obstacles were found in living an active life. Most of them related to the identity of the person. Weight loss was considered a motivation for physical activity, but also uncomfortable due to

the large body size, and reduced physical performance compared to others. A change in identity is found necessary for well-being.

Recommended reading list

Todres, L. & Galvin, K. (2010), 'Dwelling-mobility: An existential theory of well-being', International Journal of Qualitative Studies on Health and Well-being, vol. 5, pp. 10.3402/qhw.v5i3.5444.

Toft, B.S. & Uhrenfeldt, L. (2014), 'Facilitators and barriers to physical activity experienced among morbidly obese adults: a systematic review protocol', JBI Database of Systematic Reviews & Implementation Reports, vol. 12, no. 6, pp. 13-23.

Biography

Bente Skovsby Toft, physiotherapist (PT), Bachelor in Sports Science (B.Sc), Master in Health and Humanities Studies (MHH), Diploma in Medical Research (DipMedRes).

Employed at Horsens Regional Hospital, Department of Lifestyle Rehabilitation, Denmark.

Experienced in lifestyle intervention among people with severe obesity.

8.5.3

Abstract number 11

12:15pm

The effectiveness of behavioural weight loss interventions in maintaining long term weight loss: a systematic review.

Presenter: Dr Jo Gilmartin, PhD, RN, Lecturer, School of Healthcare, University of Leeds, Leeds, UK

Abstract

Background: A major challenge in the treatment of obesity is the long-term maintenance of weight loss and prevention of weight regain. The Department of Health in England have recommended that health professionals should consider behaviour weight loss interventions.

Objective: To evaluate the effectiveness of behavioural weight loss interventions in maintaining long term weight loss.

Methods: Using the PRISMA statement we performed a systematic review of randomized controlled trials (RCTs). Data sources involved in the study are the Cochrane Library, MEDLINE, EMBASE, psycINFO and the Web of Science. Studies were assessed independently by two authors to provide inter-rater reliability.

Results: This review presents the findings from 13 RCTs of weight loss maintenance utilising interventions that include diet strategies, behavioural strategies, lifestyle counselling and Drug

therapy, group therapy and the Internet. The sample population included adult participants of 18years+ with a BMI>30kg/m². The results revealed that lifestyle interventions targeting diet and physical activity are effective in sustaining weight loss up to 2years with extended care. Moreover pharmacology combined with lifestyle interventions was effective.

Conclusion: There is important evidence that the use of behavioural weight loss interventions are effective in sustaining long terms weight loss, albeit limited. There was high heterogeneity among the studies; hence caution is required when interpreting the findings. Also, intention to treat principles and methods to handle missing data are not clearly reported across some studies. Blinding of participants and outcome assessors is very limited.

Keywords: Weight loss maintenance, behavioural interventions, systematic review, lifestyle changes, internet materials,

Recommended reading list

Dombrowski SU, Knittle K, Avenell A, et al. (2014). Long term maintenance of weight loss with non-surgical interventions in obese adults: systematic review and meta-analysis of randomised controlled trials. *BMJ* 348: g2646: 1-12.

Hersey JC, Khavjou O, Strange LB, et al. (2012) The efficacy and cost-effectiveness of a community weight management intervention: a randomized controlled trial of the health weight management demonstration. *Preventive Medicine* 54: 42- 49.

The Cochrane Handbook for Systematic Reviews. www.cochrane.org/handbook. (accessed 10 November 2014).

Biography

Jo Gilmartin is a lecturer at the University of Leeds currently researching obesity, body image and quality of life. A recent project has impacted the development of body contouring NICE guidelines.

Monica Murphy is a lecturer and University Student Education Fellow at the University of Leeds. She is also actively involved in teaching health promotion.

Theme: Interviewing

8.6.1 Abstract number 74

11:15am

Understanding courage in the context of nursing

Presenter: Mrs Fiona Barchard, RN BSC Health care studies Ma Clinical leadership PGCTHE Studying for Professional Doctorate, Senior Lecturer/curriculum lead, Northampton University, Northampton, UK

Abstract

Background: In 2012 a new vision for Nurses, Midwives and Care givers (Cummings and Bennett 2012), outlined what have come to be referred to as the 6 C's. Reports such as the Francis report 2013) highlight occasions where courage was not demonstrated. Although some research is available Internationally there is an identified dearth of research studies on courage in Nursing in the United Kingdom (UK) hence the focus of this study.

Aim: To enhance understanding of adult nurses use of courage in their everyday professional practice

Methods: Grounded theory underpinned with the epistemology of social constructionism, consistent with Charmaz (2014). Ethical approval was granted to undertake unstructured interviews with qualified adult nurses on their understanding of courage in their professional practice. Participants were self-selecting, responding to fliers and presentation of the research premise. The interviews have been conducted, recorded and transcribed. Nvivo assisted with coding and identification of themes.

Results: 12 unstructured interviews with staff in the acute and community settings have been undertaken during 2015. The themes suggest nurses view courage as a complex phenomenon. Age, personality, support, confidence, knowledge and experience are all seen to be integral to courage. The themes from the interview data are ready for presentation.

Discussion: The discussion points are around nurses differing views of the impact of age, personality, support structures, confidence, knowledge and experience and how these influence their ability to be courageous. Is courage inherent, expected, difficult to use and do nurses feel supported? The derived themes are in the context of the UK experience but may resonate with International evidence and colleagues.

Conclusions: Courage as understood by nurses is a complex phenomenon. Understanding of this can inform future practice and enable us to prepare and support nurses to use courage in the practice setting.

Recommended reading list

Cummings. J. Bennett.V. (2012) 'Developing the culture of compassionate care: creating a new vision for nurses, midwives and care-givers'. NHS Commissioning Board. Department of Health. Crown copyright

Francis. R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Volumes 1 and 2: Analysis of evidence and lessons learned (part 1 and 2) and Volume 3: Present and Future Annexes. The Stationary office. London.

Charmaz. K. (2014) Constructing grounded theory. 2nd ed. Sage. London

Biography

My current role is Senior lecturer in adult nursing and Programme leader. I commenced work at the University of Northampton in 2006. I teach across pre-registration and Post registration nursing from level 4 - level 7. The subjects I teach include pathophysiology, recognition of the deteriorating patient, leadership, reflection and complex care. I gained my PGCTHE in 2008 and was also awarded a teaching fellowship by the University. In 2011 I commenced my Professional Doctorate and have completed the two years taught modules and am now in my second year of the Thesis element. My clinical nursing history is I qualified in 1990 as a registered adult nurse and spent sixteen years in Acute Nursing practice. The majority of this time was in Critical care where I gained experience as a staff nurse, junior sister, senior sister and Practice development Nurse. During this time I gained my ENB 100, 931 and 998 and Degree in Health care studies and Masters in Clinical Leadership.

8.6.2 Abstract number 357

11:45am

'Doing family': family care involvement in intensive care

Presenter: Dr Susanne Kean, PhD, University of Edinburgh, Edinburgh, UK

Co-author(s): Dr Kalliopi Kydonaki, Edinburgh Napier University & Dr Jenni Tocher, University of Edinburgh

Abstract

Background: Person-Centred Care (PCC) is emphasised in national and international governmental policies and healthcare research. Family involvement in care is an implicit aspect of PCC and contemporary evidence suggests that family members partnering with nurses can provide support, reassurance and comfort to patients. However, what constitutes care involvement in an intensive care setting from the perspectives of families and patients is little explored and understood.

Focus of this paper: (1) Is the involvement of families in care in ICU acceptable to families and



patients? (2) What are the care activities families are willing to participate in?

Methods: Data for this qualitative exploratory study were collected from two ICUs in two tertiary hospitals in Scotland. Semi-structured interviews were conducted with former ICU patients before hospital discharge and adult family members. Data were analysed using thematic analysis strategies. Ethical approval was granted prior to the study.

Results: 'Doing family', a dimension of person-centred care that emerged as a major theme across interviews, emphasise relationality in families. Relationality emphasises the connections within families and their desire to maintain (family) normality as well as addressing patients' emotional support needs. Nineteen former ICU patients and 16 adult family members were interviewed. Eleven of the interviews were paired (patient with one family member).

Conclusions: Understanding the importance of 'doing family' as a Driver for family involvement in ICU care allows an insight into the why and what of care activities that are acceptable for ICU patients and their families. This, in turn, enhances our understanding for future intervention studies which are truly based on the co-constructed concept of PCC.

Recommended reading list

SG (2010) The Healthcare Quality Strategy for NHS Scotland. The Scottish Government, Edinburgh.

Schmidt, M. & Azoulay, E. (2012) Having a loved one in the ICU: the forgotten family. *Current Opinions in Critical Care* 18(5), 540 - 547.

Page, P. (2015) Critical illness trajectory for patients, families and nurses - a literature review. *Nursing in Critical Care*, doi: 10.1111/nicc.12199

Biography

Susanne Kean RN, MSc, PhD is a nurse by background with a research interests revolving around families' and patients' experiences with critical illness. She is particularly interested in families with children and young people and the way they process a critical illness event but also in ICU nurses and their experiences in working with families. Her current research interest include survivorship after critical illness, family interventions in ICU and delirium.

8.6.3

Abstract number 188

12:15pm

Patient perceptions of the health care assistant (HCA) care delivery: a grounded theory study.

Presenter: Mrs Sarah Morey, RGN, MSc BA(Hons), PhD student, Northumbria University, Newcastle Upon Tyne, UK

Co-author(s): Dr Alison Steven, Northumberland, UK; Rev Dr Pauline Pearson, UK.

Abstract

Background: Healthcare assistants (HCA) play a major part in care delivery in the UK and therefore play a vital role in patient experience.

Aims: This doctoral study explores the patient's perceptions of the HCA within the context of secondary care delivery.

Methods: Data was collected in outpatient and inpatient areas of a large teaching hospital in North East England between November 2014 and October 2015. Following constructivist grounded theory (Charmaz 2014), 20 patient interviews were coded and analysed using constant comparison to ensure findings were grounded within the data.

Initial Findings: Initial findings suggest patients remain unsure about who the secondary care HCA is. They employ a number of strategies to navigate the complex array of staff, eventually working out which designation of staff is appropriate for their request.

The concept of connectedness has emerged, wherein patients value the time and effort that the HCA invests with them. This investment can be exclusive to them or inclusive of other patients and fosters a sense of belonging. Patients value the 'little things' with humour often playing a large part and adding to the feelings of connectedness between patient and HCA.

Not all opportunities are taken by the HCA to bring about a state of connectedness, which patients associate with the process of having to deliver task driven care. This can lead to a disconnect between the patient and the HCA, affecting the patient experience, communication and information flow.

Discussion: The researcher explores how concepts such as connectedness are represented in the literature and how this doctoral study adds to this understanding.

Conclusion: There is little qualitative research that explores the patient's perceptions of the HCA, despite this being an important area for enhancing the patient experience. The researcher would value the opportunity to present these findings in more depth.

Recommended reading list

Charmaz, K. (2014) *Constructing grounded theory*. 2nd edn. Los Angeles: Sage

Biography

Having qualified in 1986 as a RGN I have worked in a variety of settings across secondary care.

While working as a Matron for surgical services I recognised the significant contribution the Healthcare Assistant (HCA) made to care delivery. During this time I undertook my MSc exploring the role of the HCA from the registrants perspective. Having made the transition into academia from my clinical role I took the opportunity to study full time for my doctorate exploring the role of the HCA from the patients perspective. This was identified as an area where there was a paucity of qualitative research whilst undertaking my MSc.

I am looking forward to completing mid 2016 when I hope to return to a lecturing role within higher education.

Theme: Mixed methods

8.7.1

Abstract number 147

11:15am

The development of national practice standards for nurses in Australian general practice

Presenter: Professor Elizabeth Halcomb, RN BN(Hons) PhD FACN, Professor of Primary Health Care Nursing/Editor, Nurse Researcher, University of Wollongong, Wollongong, Australia

Co-author(s): J Bryce, E Foley, M Stephens, C Ashley, Australia

Abstract

Background: Internationally there is growing emphasis on building a strong PHC nursing workforce to meet the challenges of rising chronic and complex diseases. However, there has been limited emphasis on examining the nursing workforce in this setting.

Aims: This study aimed to revise the competency standards for nurses in Australian general practice. This paper will present both an overview of study findings and a critical discussion of the process of developing professional practice standards.

Methods: This mixed methods study used two online surveys of nurses and a series of fourteen focus groups conducted around Australia during 2013-2014.

Results: A total of 561 survey responses were received across the two surveys. Two hundred nurses participated in the focus groups. The final 22 Practice Standards were separated into four domains; 1) Professional Practice, 2) Nursing Care, 3) General Practice Environment and 4) Collaborative Practice. These standards outline the broad scope of the role of nurses employed within Australian general practice.

Discussion: Professional practice standards are an important way of defining the role and scope of practice of a profession to both consumers and other professionals, as well as being a guide for curriculum development and measurement of performance. They have clear relevance to policymakers, researchers and those in clinical practice as they provide role clarity that will optimise the contribution of nurses to Australian general practice. The process of standards development provided a number of challenges to the researchers.

Conclusion: Professional practice standards are important for nurses and nursing care. Having a rigorous development process is important in ensuring that the standards reflect both current practice and future scope for the role.

Biography

Professor Elizabeth Halcomb is Professor of Primary Health Care Nursing at the University of Wollongong, Australia. She is an experienced academic nurse leader who is committed to developing researchers in both academia and the clinical setting. In addition to being an active supervisor of Bachelors (Honours) and Higher Degree research students Professor Halcomb teaches into the postgraduate coursework programs.

Professor Halcomb leads a strong research program in primary care nursing, with particular emphasis on nursing in general practice, chronic disease and nursing workforce issues. She also undertakes research around learning and teaching in nursing, academic workforce development and research methodology. Professor Halcomb has particular interests in mixed methods research and evidence based practice.

Professor Halcomb has attracted over \$1.9 million in research funding, with over \$610,000 as the first named Chief Investigator. She has a strong track record of publication, with over 95 peer reviewed papers and 12 book chapters. Currently, Professor Halcomb is an Editor of *Collegian* - The Australian Journal of Nursing Practice, Scholarship & Research, an Associate Editor of *BMC Family Practice* and member of the Editorial Board of the *Australian Journal of Primary Health Care*. In 2014 she was appointed Editor of *Nurse Researcher*.

8.7.2

Abstract number 191

11:45am

Contemporary nursing - tensions at the boundary of budget, profession and care

Presenter: Associate Professor Clare Harvey, PhD, RN, BA (Cur), MA, Faculty of Education, Humanities and Health Science, Eastern Institute of Technology, Napier, New Zealand

Co-author(s): Eileen Willis, Australia; Patti Hamilton, USA; Julie Henderson, Australia; Luisa Toffoli, Australia; Ian Blackman, Australia; Maria Pearson, New Zealand; Clare Buckley, New Zealand

Abstract

Background: Nursing is described as an art and science, because the core work, caring, is based on a nurse's knowledge of the patient condition and the skill associated with it. In the current health care environment, nursing skills are translated into tasks, measured by predetermined budgetary factors that reduce nurses' control over their work. It is known that in this environment, care is missed.

Aims: This paper reveals the tension created between three masters shown to be in control of nursing work; patients' actual requirements for care; regulation giving nurses the authority to care; and budgets determining resources available for care.

Methods: The MISSCARE questionnaire developed by Kalisch et al (2009) was used, with permission, to survey nurses across four Australian states, and New Zealand, between 2012 and 2014. An analysis of the commentaries from the surveys was undertaken, looking for discourse that identified how nurses justified missing or rationing care, within the categories of the three controllers of care.

Findings: Our findings show that budgets dominate nurses' capacity to care and expose an incongruity between philosophies that determine the profession of nursing and those driving the occupation of nursing. This situation results in moral distress (McCarthy & Gastmans, 2015), because nurses cannot carry out the care they decide upon due to external constraints thwarting it. This has professional implications on individual nurse accountability for leaving care undone.

Discussion: Research into the repercussions of budget-driven care on nurses' liability is essential in today's constrained health care environment, where the patient and the nurse are exposed to risk; the patient through preventable adverse events, and the nurse through preventable acts of omission. The findings inform researchers, nurses, and policy makers, examining missed/rationalised care worldwide of the dangers that budget directed care has on moral and professional outcomes.

Recommended reading list

KALISCH, B. J., LANDSTROM, G. L. & WILLIAMS, R. A. 2009. Missed nursing care: Errors of omission. *Nursing Outlook*, 57, 3 - 9.

MCCARTHY, J. & GASTMANS, C. 2015. Moral distress: A review of the argument-based nursing ethics literature. *Nursing Ethics*, 22, 131-152.

Biography

I am an associate professor and the programme co-ordinator for the postgraduate programmes in nursing and health science at the Eastern Institute of Technology, New Zealand. I also have academic status, working in both teaching and research at Flinders University of South Australia. My research focuses on professional issues in nursing practice, and in advancing nursing roles, predominantly around nurse practitioners. I have worked in four countries during my nursing career, with the first 20 years of that time, being in my homeland of Zimbabwe, and later, South Africa. It is not surprising then that my other passion is primary health care, where my research focuses on examining how nurses play a part in supporting access to healthcare and in the equity of that care, within the primary health setting.

8.7.3

Abstract number 276

12:15pm

A comparison of ward sisters' development needs with those of middle managers in private companies

Presenter: Mrs Jacqueline McKenna, RN, DipN, MMedSci, NHS Trust Development Authority, London, UK

Co-author(s): Amy Armstrong BA (Hons), MBA, PhD

Abstract

This presentation compares results of a study investigating ward sisters' development needs with a previous study of middle managers in private industry companies (Armstrong and Russell, 2013).

The survey was part of a doctoral study investigating development of nurses transitioning to sister roles because despite national policy recommending nurses in these posts require development a national strategy has not happened.

The data were collected using a questionnaire adapted from the study above. The questionnaire was sent to a sample of 228 ward sisters (174 responded giving a response rate of 76.3 percent). The responses were submitted between July -December 2013; data were analysed using descriptive statistics during February 2014.

The results offer a national view (n=174) on ward sisters' current development needs which the researcher used to formulate a core national



curriculum. The comparison to the previous middle manager research demonstrated similarities between development needs - Influencing, leadership, personal impact and change management were all top 10 for both groups; barriers to learning - job pressures, lack of time and financial constraints were significant barriers for both samples although in a slightly different order. However there were differences between the attitude to coaching in the two groups; twice as many ward sisters (47 percent) than Ashridge managers (24 percent) reported that they had a mentor or a coach. When asked if they would pay to have a mentor or coach 18 percent of ward sisters said they would, compared with two percent of the Ashridge managers.

The results give an interesting view on the development needs and the attitude of ward sisters compared with managers in private companies.

The results lead to opportunities for learning transfer across public and private sectors; creative opportunities for learning and growth if nurses spent some time in private sector middle management and vice versa

Recommended reading list

Armstrong, A. and Russell, A. (2012) The missing middle: Exploring learning experiences of middle managers in the UK. Ashridge: Ashridge Business School

Biography

Jacqueline joined the NHS Trust Development Authority in April 2013 having been the Director of Nursing at the Medway NHS Foundation Trust since 2000, and previously been the Director of Nursing at Southmead, Bristol from 1997.

Jacqueline trained as a registered nurse at King's College Hospital and had a successful clinical career in gynaecology. Jacqueline achieved a Masters in Medical Science in Clinical Nursing in 1995.

She implemented the first British model of shared governance which improves staff involvement in 1994, and won the HSJ award for patient safety in 2005 for the development of the Medway Nursing and Midwifery Accountability System - an improvement framework for nursing. Jacqueline received an MBE for services to nursing and health care in the 2010 Queen's birthday honours list. She is currently studying for a PhD at Greenwich University

Theme: Interviewing

8.8.1 Abstract number 31

11:15am

New land, new life: United Kingdom registered nurses living the dream

Presenter: Dr Caroline Vafeas, PhD, MA, BSc, RN, Senior Lecturer, Edith Cowan University, Joondalup, Australia

Co-author(s): Dr Joyce Hendricks

Abstract

Background: An increase in the Australian population has driven demand for health care services. By 2021, it is projected that the Australian population will reach 25.6 million with an increased need for specialised health services including registered nurses. There is a current shortfall of 61,000 registered nurses in Australia.

Aims: The aim of this paper is to explore the experience of United Kingdom (UK) registered nurses migrating to Australia. This paper highlights the push and pull factors which influence the decision to migrate to Australia. It also identifies three key attributes related to successful migration.

Methods: Purposive sampling was used to recruit 21 participants who had migrated to Australia between 2003 and 2009. Data was collected by the use of interviews, focus groups and a personal diary. A heuristic inquiry approach was employed to guide this study including data collection and data analysis (Moustakas 1990).

Results: Three main themes uncovered were, making the move: finding a way, new life: fitting in and, here to stay. Three main coping strategies identified in this study were developing resilience, finding a new professional identity and having the ability to adapt to a new life. Feelings of belonging were found to be necessary to make the move a success, with the need for friends and family being a high priority to all participants.

Discussion: This study highlights many issues that need to be considered by UK migrant nurses prior to embarking on such a massive upheaval to their professional and personal life. The coping strategies identified were found to be paramount to make the dream a reality.

Conclusion: New UK nurse migrants as well as Australian employers must consider the total impact of migration to ensure this group can live the dream both professionally and personally.

Recommended reading list

Moustakas, C. (1990). Heuristic research. Newbury Park: Sage Publications.

Biography

Caroline Vafeas is a senior lecturer at Edith Cowan University. She has taught under graduate and postgraduate education, in the fields of ger-

ontology and dementia for the past eight years. Her previous work experience is in the area of District Nursing in the UK. She migrated with her family from the UK to Australia in 2003 and has had a strong interest in the experiences of other UK migrant nurses since this time. She completed her PhD at Edith Cowan University in 2013.

8.8.2 Abstract number 171

11:45am

Articulating uncertainty: opportunities for nursing practice within the ontology of anxiety.

Presenter: Mr John McKinnon, MSc PG Dip BA (Hons) RGN RHV RMN, University of Lincoln, Lincoln, UK

Abstract

Background: Anxiety is a future focused emotion associated with anticipatory hyper vigilance in the face of uncertainty (Meeton, Dash, Scarlet and Davey, 2012). Once a poorly delineated construct confused with fear, anxiety is now distinguished neurologically, cognitively and behaviourally (Sylvers, Lilienfeld and LaPrairie, 2011; Sauerhofer, Pamplona, Bedenk, Moll, Dawirs, von Hörsten, Wotjak, and Golub, 2012).

Aims: This paper presents the findings of an enquiry into the dynamics of anxiety as part of nursing ontology. The study seeks to determine the value of anxiety to nursing practice.

Method: Thirty- three nurses across community, public health, paediatrics, mental health and acute adult surgery talked exhaustively in interview about their experiences of anxiety in their professional lives. The data was collected in a London teaching hospital trust and in three community NHS trusts in the East Midlands of England between November 2011 and August 2012. The interviews were audio-taped and transcribed verbatim. The transcripts were analysed using Grounded Theory Method.

Results: Anxiety was not experienced as a single entity but as a series of subtypes on a continuum of response to varying degrees of uncertainty and levels of risk. Behaviour was governed by a 'what if' state of understanding in the shape of raised awareness, concern, high anxiety and panic. Anxiety also showed some temporal variation at odds with the extant literature. Nurses valued anxiety as leverage for exercising accountability.

Discussion: The findings show anxiety to be a valuable component in the armoury of nursing judgement

Conclusion: Anxiety has potential as a reflection point through which to articulate uncertainty and lend shape to nebulous situations.

The place of anxiety as part of a new framework for clinical judgement is justified.

Recommended reading list

Meeten, F, Dash, SR, Scarlet, ALS, Davey, GLC. (2012) Investigating the effect of intolerance of uncertainty on catastrophic worrying and mood. *Behaviour Research and Therapy*. 50(11):690-698

Sauerhöfer, E., Pamplona, FA., Bedenk, B., Moll GH., Dawirs, RR. von Hörsten, S., Wotjak, C Golub, Y. (2012) Generalization of contextual fear depends on associative rather than non-associative memory components. *Behavioural Brain Research*. 233(2)

Sylvers, P. Lilienfeld, SO., LaPrairie, J.L.(2011) Differences between trait fear and trait anxiety: Implications for psychopathology. *Clinical Psychology Review*.31:122-137

Biography

John is a senior lecturer in nursing at the university of lincoln with a clinical background in mental health, critical care, health visiting and safeguarding. His specialist interests are emotional intelligence and reflection. His doctoral studies have been concerned with the development of a framework to harness emotions to inform clinical judgement in nursing practice. His new book 'Reflection for nursing practice' introduces his framework along with a combination of old and new approaches to reflective practice.

8.8.3 Abstract number 30

12:15pm

Heuristic inquiry: Taking the road less travelled

Presenter: Dr Caroline Vafeas, PhD, MA, BSc, RN, Senior Lecturer, Edith Cowan University, Joondalup, Australia

Co-author(s): Dr Joyce Hendricks, Western Australia

Abstract

Aim: This paper explores the use of Heuristic Inquiry as a methodology to explore the experience of Registered Nurses migrating from the United Kingdom to Australia.

Design: Discussion Paper - Methodology

Background: Heuristic inquiry (Moustakas, 1990) positions the researcher at the centre of the process for identifying the essence of the phenomenon under investigation. The researcher needs to be internal to the experience and be guided by tacit and intuitive knowing to form relationships with co-researchers, who have also lived the experience under investigation. This reciprocal connection leads to creation of new knowledge. Engagement with the phenomenon facilitates self-discovery by revealing

true connections with the co-researchers, as the subjective perspective of the researcher is key to this discovery.

Heuristic Inquiry has six phases: initial engagement, immersion, incubation, illumination, explication and creative synthesis. These phases underscore data collection. Data analysis explores the development of individual depictions, composite depictions, an exemplary portrait, leading to a final creative synthesis; a way of explaining the phenomenon.

Implications for Nursing: This methodology can be a valuable method in qualitative nursing research where the researcher is invested in the learning experience and self-discovery. It is an important research approach for qualitative nursing studies based on the lived experience and requires absolute commitment to the research process as an immersive and personally affecting method of knowledge gathering.

Conclusion: The Heuristic Inquiry concepts are applied to the research of nurse migration and the personal experience of the researcher. The process is detailed using the researcher's own lived experience. This type of methodology is used to incorporate the researcher as an integral part in the research and the centre of the process itself to identify the essence of the experience.

Recommended reading list

Moustakas, C. (1990). *Heuristic research*. Newbury Park: Sage Publications.

Biography

Caroline Vafeas is a senior lecturer at Edith Cowan University. She has taught undergraduate and postgraduate education, in the field of gerontology and dementia for the past eight years. Her previous work experience is mostly in the area of District Nursing in the UK. She migrated with her family from the UK to Western Australia in 2003 and has had a strong interest in the experiences of other UK migrant nurses since this time. She completed her PhD at ECU and her study is entitled 'Migration Matters: The experience of Registered Nurses migrating from the United Kingdom to Western Australia. This paper discusses the use of Heuristic Inquiry as the chosen methodology.

Theme: Mixed methods

8.9.1 Abstract number 98

11:15am

Utilizing a six-step program evaluation framework to measure effectiveness of an innovative bullying awareness intervention in preschoolers

Presenter: Dr Michelle Beauchesne, DNSc RNN CPNP FAAN, Associate Professor, Northeastern University, West Haven Child Development Center Inc, Boston, USA

Co-author(s): Patrice Farquharson USA; Patricia Beauchemin, BSN RN USA

Abstract

Review of Literature: Bullying is a traumatic event for children involved affecting self-esteem, school performance, and social interactions.¹ Research shows that aggressive behaviors in young children are often predictive of future aggression towards peers.² Children as young as four years can display deliberately aggressive behaviors to others and are able to identify themselves or others as victim or aggressor.³ Experts suggest interventions for this population are most effective when presented in interactive formats.

Purpose: The purpose of this paper is to share the process of evaluating the effectiveness of an interprofessional multi-strategy bullying awareness intervention implemented over a 36 month period (2012-2015) with a preschool population to not only discourage such behaviors but to also promote appropriate social skills. The evaluation was conducted using the Social Ecological Model guided by the Center for Disease Control (CDC) Six-Step Public Health Program Evaluation Framework.

Summary of Intervention: An interprofessional team engaged the broader community to introduce the effects of bullying on preschool aged children through the *childRen's* book and play, *The HunDred Dresses*, whose themes illustrate the negative outcomes of bullying and encouraged an open community discourse. Resources were created to ensure continuity of bullying prevention education in the home and classroom.

Outcomes: Program evaluation indicates continued success as evidenced against the evaluation standards of utility, feasibility, propriety, and accuracy. Multiple measures based on the six-step process include parent and staff surveys, focus groups with key informants, curricular changes, and analyses of *childRen's* stories and Drawings.

Implications for Practice: Strategies to assist professionals to support children and families meet the challenges of addressing bullying behaviors and increasing awareness are explored. Distinguishing principles between



research and program evaluation methodology is outlined. Outcome evaluations, future plans, and implications for public health are discussed. Suggestions on implementing similar comprehensive community program evaluation processes are shared.

Recommended reading list

Fink, P. J. (2013). 'Eliminating bullying hinges on changing the culture'. Available at <http://www.clinicalpsychiatrynews.com>. Retrieved July 25, 2013.

Vlachou, M., Andreou, E., Botsoglou, K., & Didaskalou, E. (2011). 'Bully/victim problems among preschool children: A review of current research evidence. Educational Psychology Review', 23, 329-358.

Farrington, D.P., Loeber, R., Stallings, R., Ttofi, M.M. (2011) 'Bullying perpetration and victimization as predictors of delinquency and depression in the Pittsburgh Youth Study', Journal of Aggression, Conflict and Peace Research, 3 (2), pp.74 - 81

Biography

Michelle A. Beauchesne, an Associate Professor, is Director of the DNP Program at Northeastern University in Boston. She received her BSN from Georgetown University, her MSN from a joint program by Boston College and Harvard Medical School, and her DNSc from Boston University and completed a post-doctoral LEND Fellowship in neurodevelopmental sciences. Her research foci are child development and advanced practice nursing. Michelle is an expert pediatric nurse practitioner (PNP) in the care of children and families with neurodevelopmental disabilities. Dr. Beauchesne maintains an active practice as consultant to schools and child development centers in both Massachusetts and Connecticut.

8.9.2

Abstract number 354

11:45am

Developing an educational intervention on breathlessness in advanced disease for informal carers

Presenter: Dr Morag Farquhar, RGN BSc (Hons) MSc PhD, Senior Research Associate, Dept of Public Health & Primary Care, University of Cambridge, Cambridge, UK

Co-author(s): Clarissa Penfold, UK; Gail Ewing, UK; Roberta Lovick, UK; Sophie Howson, UK; Julie Burkin, UK; Sara Booth, UK; Ravi Mahadeva, UK; John Benson, UK; David Gilligan, UK; Chris Todd, UK.

Abstract

Background: The evidence-base for educational interventions to support informal carers and enhance their caregiving capacity is

limited. The aim of this study was to develop an evidence-based educational intervention on breathlessness for informal carers of patients with advanced disease.

Methods: Stage 1: qualitative indepth interviews with a purposive sample of 25 patient-carer dyads from two disease groups (cancer and COPD) to identify educational needs and intervention preferences. Stage 2: one-day multidisciplinary workshop attended by 13 clinical experts to identify evidence-based content and the acceptability, accessibility and feasibility of potential delivery modes. Stage 3: two half-day workshops with informal carers to co-develop the intervention, focusing on content format, language and terminology. Qualitative data were analysed using a Framework approach.

Results: Carers wanted to learn about breathlessness. Six key topic areas emerged from interviews with patient-carer dyads: understanding breathlessness; de-escalating; anxiety and panic; keeping active; living positively; managing infections (for carers of patients with COPD) and, knowing what to expect in the future. There was wide variation in how carers wanted to learn, although written resources were less popular than face-to-face, group, video and web-based learning. Carers wanted an intervention that drew on both clinical-practitioner expertise and peer-carer experience. In general, carers wanted to learn with their patient. Building on with these findings, the clinical-practitioner expert workshop identified evidence-based content for the six topic areas and discussed a potential web-based platform that would facilitate multiple modes of access, for example via clinicians and established support groups or by carers independently. Further co-development of the proposed intervention was undertaken with informal carers.

Conclusions: Drawing on the expertise of informal carers, patients and clinical-practitioners this study will inform the design (content and delivery mode) of a co-developed educational intervention on breathlessness that is relevant and acceptable to informal carers.

Biography

Morag is Senior Research Associate and NIHR Career Development Fellow at University of Cambridge. Her background is in nursing (King's College London), with a Masters in Medical Sociology (Royal Holloway & Bedford New College) and PhD (QMUL) on the definition and measurement of quality of life in older people. She leads a programme of research on breathlessness in advanced disease, collaborating with colleagues across University of Cambridge, Manchester, King's College London and RAND Europe.

8.9.3

Abstract number 137

12:15pm

'Unprecedented strain' - The nursing practice environment in Irish acute hospitals

Presenter: Ms Ciara White, PhD(c), MSc, RGN, RNT, Nursing & Midwifery Project Officer, Nursing & Midwifery Planning & Development Unit, Health Services Executive, Dublin, Ireland

Co-author(s): Dr. Ann Sheridan, Ireland; Ms. Susanna Byrne, Ireland

Abstract

Background: In recent decades, the Irish health care system has undergone immense restructuring and reorganization; consequently the organisational context in which nursing and health care is delivered has become a powerful factor affecting clinical practice and health care outcomes. Improving the nursing work environment in acute hospitals is important for advancing the health care quality and patient safety agenda in Ireland (Scott et. al. 2013).

Methods: The hypothesis that the practice environment in Irish acute hospitals can impact upon the quality of nursing care provided, and on subsequent patient outcomes, is examined using an Exploratory Sequential Mixed Methods Design. In the first phase of the study a qualitative approach was used to collect data from staff nurses, clinical nurse managers and senior nurse managers across three large acute hospitals to identify the key nursing practice environment factors which may be significant predictors of quality nursing care processes and patient outcomes.

Results: Findings from the qualitative analysis of the first study phase carried out from August - November 2015, provide a more contextualised and current representation of the challenges of delivering quality nursing care and provide clarity on the factors within the nurse practice environment, which can enhance or impede on a nurse's ability to deliver quality care. Factors identified by participants include nursing workforce, increasing patient acuity, specialisms in nursing and organisational targets.

Conclusion: Aspects of the clinical practice environment are amenable to change by individual nurses, nursing management and the organisations so that improving the workplace becomes a universal responsibility. The study contributes to the growing body of international knowledge regarding effective work environments. The results of this research will support the development of empirically informed strategies to enhance nursing practice environments to facilitate nurses in their delivery of quality patient care.

Recommended reading list

Scott, P.A, Kirwan, M., Matthews A., Lehwaldt D., Morris R., Staines A. (2013) Report of the Irish RN4CAST Study 2009-2011: A nursing workforce under strain. RN4CAST National Report for Ireland: Dublin City University. <http://www.dcu.ie/sites/default/files/snhs/pdfs/RN4CAST%20FINAL%20report%2018%20April%202013.pdf>

Biography

Ciara has been working as Nursing & Midwifery Quality Care-Metrics Project Officer in the Health Service Executive (HSE) in Ireland since January 2014. Her role involves supporting and guiding the development and implementation of standard and discipline specific nursing and midwifery Quality Care-Metrics across participating health services sites in the region.

Ciara is also in her second year of a PhD scholarship and her doctoral research focuses on the impact of the nursing practice environment on the delivery of quality care and nursing sensitive patient outcomes in the Irish acute hospital setting.

Ciara's professional background is in acute nursing and post graduate nurse education. She has worked in a variety of clinical, management and education roles in the specialty of renal nursing in Beaumont Hospital, where she trained as a Registered General Nurse (2000) & Registered Nurse Tutor (2009).

Symposia 1 - 7

Thursday 7 April 15.25 – 16.25

Symposium 1

Time: 3:25pm

Room: Fintry (level 3)

Speaking truth to power: understanding how concerns and complaints impact from ward to board

Lead:

Dr Aled Jones, Senior Lecturer, School of Healthcare Sciences, Cardiff University

The eminent safety researcher Professor James Reason (1998) proposed that a 'safe' organisational culture could be equated to an 'informed' one. That is, a workplace culture in which employees understand, respect and are alert to information about the many ways in which safety can be breached or compromised. Safe organizations, therefore, tirelessly utilize multiple sources of information in their efforts to improve their operational delivery and know where the safety 'edge' is, in order not to fall over it. By extension, organisations that do not have a safe organizational culture are often characterized as ignoring or overruling critical information to continue with failing courses of action.

Sociological insights suggest that factors which contribute to an organisation's journey towards and eventually over the safety edge often 'incubate' over several weeks, month or years. During such 'incubation periods' systematic and routine failures occur in collecting, interpreting and communicating information (such as the concerns of staff and patients), creating deep pockets of organisational ignorance and ultimately failure (Jones and Kelly, 2014a).

Public inquiries and research studies have noted the powerful cultural norms and defensive routines that exist within organizations that prevents patient or employee concerns and feedback from being raised, or used effectively (Jones and Kelly 2014b). The symposium will contribute to the debate about how organizations and their employees respond to information from patients and employees that may lead to improvements in the quality of service delivery and patient safety. Findings from three research projects undertaken in the UK will be presented, focusing on research into handling patient complaints, employee whistleblowing and the experiences of executive nurses when relaying safety and quality concerns to members of the board. We will highlight the many deeply engrained cultural and relational issues that exist when handling patient and employee concerns about the quality of care.

Paper 1

Is it safe to complain? Exploring the relationship between clinicians' responses to patient complaints and care quality

Authors and Affiliation

Dr. Mary Adams, Florence Nightingale Faculty of Nursing and Midwifery, King's College London.

Professor Jill Maben, Florence Nightingale Faculty of Nursing and Midwifery, King's College London.

Professor Glenn Robert, Florence Nightingale Faculty of Nursing and Midwifery, King's College London.

Abstract

Background: Recent studies note the 'predictive power of patient perceptions' to identify significant quality and safety issues (Luxford 2012). Patient care complaints can be viewed as valuable resources for organisational and individual learning (Simmons 2011). However little is known about clinicians' attitudes and behaviours towards complaints and how these are shaped and enacted.

Aims: To understand clinicians' responses to patient care complaints and identify key influences on these.

Methods: Thematic analysis of 26 discursive interviews with clinicians working in 3 services (emergency admissions; older people's acute medicine; intermediate community care) with high numbers of informal or informal patient care complaints, supplemented by organisational case study data, to examine how complaints are explained and acted upon. The interview data and organisational case studies were part of a national study examining the relationship between patient experience of care and staff wellbeing (Maben et al 2012).

Results: Across the 3 services, three common scenarios of 'patient complaint' from clinicians' perspectives were identified as: 'over demanding'; 'emotional expression'; or 'advantage seeking'. These scenarios shaped how clinicians' responded to quality concerns voiced by patients. These scenarios were influenced by clinical setting; clinical team and by wider organisational demands for 'complaint management'.

Discussion: Hearing complaints was often emotive for staff, particularly in time-pressured services. Clinicians' responded to the event, rather than content, of patient care complaint. In

services with a heavier focus on complaints management, clinicians sometimes suspended their own clinical judgement and at times avoided informed discussions with patients if this was believed to carry the risk of the complaint becoming formalised or accelerated.

Conclusion: The rationalisation of patient complaint about care and safety by clinicians, along with the effects of metrics-based complaints reduction targets in some clinical services, must be challenged before concerns raised by patients can drive ongoing quality improvement work.

References

- Luxford, K. (2012). 'What does the patient know about quality?' *International Journal for Quality in Health Care* 24(5): 439-440.
- Maben J. et al (2012) 'Exploring the relationship between patients' experiences of care and the influence of staff motivation, wellbeing and affect. Final report. Southampton: NIHR Service Delivery and Organization Programme (2012).
- Simmons, R. (2011). 'Leadership and listening: the reception of user voice in today's public services.' *Social Policy & Administration* 45(5): 539-568.

Paper 2

Whistleblowing about the mistreatment of older people: qualitative insights from a study of health and social care employees in Wales

Authors and affiliations

Dr Aled Jones, Senior Lecturer, School of Healthcare Sciences, Cardiff University

Professor Daniel Kelly, RCN Chair, School of Healthcare Sciences, Cardiff University

Abstract

Background and aims of the study: Employee 'whistleblowing' has emerged as an important yet conflicted managerial mechanism, aimed at keeping organizations and their workers trustworthy and accountable. The aims of this research study was to explore the obligations, attitudes, barriers and enablers that exist around whistleblowing in older people's health and social care settings in Wales.

Method: Semi structured interviews and focus groups (n=50) with registered nurses, nursing assistants, allied health professionals and ancillary workers working in hospitals, nursing/

residential homes and domiciliary care teams. Research ethics and governance approvals were granted. Data were thematically analysed and interpreted with reference to relevant sociological theories.

Results. Managers promoted an 'open culture' to encourage the raising of concerns via team meetings and an 'open door' managerial ethos. However, participants described the emergence of workplace norms that seemed to be at odds with aims for developing an 'open culture'. Questionable norms were described as slowly emerging to a point where staff could not recognize that the 'abnormal had become the normal'.

Decisions about what to do when staff were confronted with sub-standard practices were mediated by staff interaction. Wrongdoing that was perceived as 'less serious' would result in staff raising concerns directly with colleagues, or indirectly through the use of humour or innuendo. No guidance was sought from policy documents or codes of conduct.

Conclusions and implications: Better understanding of workplace cultures and the nature of interactions that occur between employees are key to developing a better understanding of whistleblowing behaviours.

Participants made reference to the role of personal ethics in decisions about reporting mistreatment, making no reference to codes of conduct or regulatory bodies.

Establishing and maintaining positive workplace values and norms through regular communication with staff, rather than additional external regulation, seems key to establishing an effective whistleblowing and reporting culture.

References

- Kelly, D. M. and Jones, A. (2013) When care is needed: The role of whistle blowing in promoting best standards from an individual and organisational perspective. *Quality in Ageing* 14 (3) 180-191
- Jones, A., & Kelly, D. (2014). Deafening silence? Time to reconsider whether organizations are silent or deaf when things go wrong. *BMJ Quality & Safety*, 23(9), 709-713.
- Jones, A., & Kelly, D. (2014). Whistle-blowing and workplace culture in older peoples' care: qualitative insights from the healthcare and social care workforce. *Sociology of Health & Illness*, 36(7), 986-1002.

Paper 3

Executive nurses' experiences of presenting quality and safety information at board level: managing stress and building resilience

Authors and affiliations

Professor Daniel Kelly, RCN Chair, School of Healthcare Sciences, Cardiff University

Professor Annette Lankshear, School of Healthcare Sciences, Cardiff University

Dr Aled Jones, Senior Lecturer, School of Healthcare Sciences, Cardiff University

Abstract

Background and research question:

Directors of Nursing in England and Wales are often the most senior nurses within an organisation and may be considered elites in terms of NHS structure. It is to these individuals that staff and patient concerns may eventually be directed, once they are raised, heard and moved upwards through the NHS bureaucracy. It is important to note that there is dearth of research exploring the role of nurse executives in this regard in the UK over the last decade. This is despite relatively high turnover and vacancy rates. The research questions focused on the experiences of nurse executives working at board level and the strategies and/or processes deployed to ensure their views and concerns about quality and safety were taken into account and treated seriously at board level.

Design: Qualitative telephone interviews using semi-structured interviews.

Participants: Purposive sample of 40 executive board nurses working in NHS England and Wales.

Methods: Semi-structured interviews followed by a process of thematic data analysis using NVivo10 and feedback on early findings from participants.

Results: Our findings are presented under three headings: the experiences of executive nurses working with supportive, engaged boards; their experiences of being involved with unsupportive, avoidant boards with a poor understanding of safety, quality and the executive nursing role and the strategies deployed by executive nurses to ensure that the nursing voice was heard at board. Two prominent and interrelated discursive strategies were used by participants; first briefing and building relationships and preparing and second delivering a credible case.

Conclusions: These highly positioned nurses can provide invaluable advice and support to boards around matters of quality and safety. However, the work of nurse executives remains an under-research area and more research is required to better understand the ebb and flow of power and influence at play within hospital boards.

References

- Kelly D, Lankshear A, Jones A (2015) Stress and resilience in a post-Francis world - a qualitative study of executive nurse directors in England and Wales. Final report to the GNC Trust, London.
- Duffield, C., Roche, M., Blay, N., 2011. The consequences of executive turnover. *Journal of Research in Nursing* 16 (6), 503-514.
- Francis, R., 2013. Report of the Mid -Staffordshire NHS Foundation Trust Public Inquiry. The Stationery Office, London.

Symposium 2:

Time: 3:25pm

Room: Sidlaw (level 3)

Doing a literature review- approaches to searching, critical appraisal and analysis in undergraduate and postgraduate literature reviews

Lead:

Dr Helen Aveyard, Senior Lecturer, Oxford Brookes University, United Kingdom

Doing a literature review is a common component of many undergraduate and postgraduate courses and those undertaking a review tend to follow the structure of a systematic review, even if they do not achieve the same level of searching, analysis and synthesis as a typical Cochrane review. In this symposium, we will explore three aspects of the systematic review method; searching, critical appraisal and data analysis. We will consider how these methods can be facilitated at undergraduate and postgraduate study. It is anticipated that this symposium will generate discussion about the methods that can be used at both undergraduate and postgraduate level study in a literature review so that those doing, or engaged in the supervision of research students, can facilitate their students to use the most appropriate and theoretically defensible approaches in their research design.

Paper 1

Using 'List, keep and delete' to identify search terms for systematic health care reviews

Authors and affiliation

Verna Lavender, PhD, PGCHTE, BSc(Hons) RGN, Senior Lecturer, Oxford Brookes University; Michael Mawhinney, MSc, BSc(Hons), PhD student, Oxford Brookes University; Helen Aveyard, PhD, PDCE MA, BSc(Hons), RGN, Senior Lecturer, Oxford Brookes University.

Abstract

Background: Standardised strategies aim to ensure rigour in framing research questions and identify keywords to systematically search literature (Cooke, Smith and Booth, 2012); however robust research questions about health care are also commonly developed from practice-focussed problem identification, rather than using standardised methods. Health care research questions are often open questions that require a comprehensive and sensitive search.

In our experience, using standardised strategies can limit rather than progress the identification of keywords and search terms. A good example is use of Population, Intervention, Comparison, and Outcome (PICO) (Richardson et al., 1995). PICO enables identification of keywords for questions about effectiveness (outcomes) of an intervention, but using it to determine search terms for many health care research questions is akin to fitting a square peg in a round hole. The same is true when using adaptations of this strategy, often resulting in a 'force fit'.

Aim: In this paper, we will propose a simplified 'List, Keep and Delete' approach for identifying search terms.

Methodological Discussion: In this approach, students are encouraged to identify and note the keywords in their research question. Words that would not retrieve relevant literature are deleted, with an emphasis on delete to ensure a sensitive search. For example, key search terms for addressing the question 'What is the role of patient education in optimising the care of patients receiving oral chemotherapy?' are 'patient education' AND 'oral chemotherapy'.

We present examples to illustrate the limitations of standardised search strategies, and propose the List, Keep, Delete approach.

Conclusion: This approach has arisen from conducting our own research and experience of supervising undergraduate, postgraduate and doctoral student systematic reviews. We present this as an alternative method of identifying search terms for health care research questions.

References

- Cooke A, Smith D, Booth A. (2012) Beyond PICO: the SPIDER tool for qualitative evidence synthesis. *Qual Health Res.* 22(10):1435-43. doi: 10.1177/1049732312452938.
- Richardson WS, Wilson MC, Nishikawa J, Hayward RS. (1995) The well-built clinical question: a key to evidence-based decisions. *ACP J Club.* 123(3):A12-3.

Paper 2

Using critical appraisal and quality assessment in a review

Authors and affiliation

Helen Aveyard, PhD, PDCE MA, BSc(Hons) RGN, Senior Lecturer Oxford Brookes University and Nancy Preston PhD, BSc(Hons) RGN, Senior Lecturer, Lancaster University

Abstract

Background: Students typically undertake a critical appraisal to assess the quality of the papers included in their literature review. Many students undertake a critical appraisal of their papers commonly but do not use explicitly this in their ongoing analysis so that the appraisal, once

carried out, can seem to be sidelined (Aveyard, Payne and Preston 2016). Additionally, some students accept all papers for inclusion in their study, irrespective of quality whilst others reject papers on pre-determined quality indicators.

Aim: In this paper we will consider the different options for incorporating critical appraisal in a review with a view to optimising the use of the critical appraisal carried out.

Methodological Discussion: There are many approaches to critical appraisal in the methodological literature (Booth, Papaioannou & Sutton 2012) and various tools are available to facilitate quality assessment of research and other evidence. Students are generally familiar with a range of these tools. What they are less familiar with is how to proceed once the critical appraisal has been undertaken. We will discuss the different approaches to the use of critical appraisal within a literature review and the theoretical basis for these. We will then present examples from various published systematic reviews to determine how these decisions have been made in practice. Their relevance to undergraduate and post graduate reviews will then be considered.

Conclusion: This paper will emphasise that critical appraisal is not a 'stand alone' activity but that the purpose of the appraisal is to inform the ongoing analysis of the literature. (251 words)

References

- Aveyard H, Payne S, Preston N J (2016) A postgraduate's guide to doing a literature review in health and social care. (in press) Maidenhead, Open University Press.
- Booth A, Papaioannou D, Sutton A (2012) Systematic approaches to a successful literature review. London, Sage

Paper 3

Using the most appropriate method of data analysis in a review

Authors and affiliation

Helen Aveyard, PhD, PDCE MA, BSc(Hons) RGN, Senior Lecturer, Oxford Brookes University and Nancy Preston PhD, BSc(Hons) RGN, Senior Lecturer, Lancaster University

Abstract

Background: There are many approaches to data analysis when doing a literature review. At undergraduate study, students typically undertake form of thematic analysis. At postgraduate level, more detailed approaches are possible and students are expected to engage with a particular approach to either meta analysis or thematic analysis (Aveyard, Payne and Preston 2016).

Aim: In this paper, we will examine the various approaches to data analysis, including meta-eth-

nography, meta-synthesis, thematic synthesis and critical interpretative synthesis.

Methodological Discussion: There are various approaches to the analysis of literature in a review (Melendez- Torres, Grant & Bonell, 2015) most of which can be categorized as a form of thematic analysis or a numerical meta analysis. Students are generally familiar with the general principles of a thematic analysis but less so with the nuances of the many different approaches which are used within different review designs. Furthermore, there can be a perception that a meta-analysis is too complex even at postgraduate level. We will discuss the different approaches to the analysis of literature in a review and consider how students can adopt the most appropriate for their review. We will then consider examples taken from published literature reviews, focusing on how the methods are used in practice.

Conclusion: This paper will emphasise the importance of using the most appropriate approach to data analysis within a literature review. (242 words)

References

- Aveyard H, Payne S, Preston N J (2016) A postgraduate's guide to doing a literature review in health and social care. (in press) Maidenhead, Open University Press.
- Melendez- Torres GJ, Grant S, Bonell C (2015) A systematic review and critical appraisal of qualitative metasynthetic practice in public health to develop a taxonomy of operations of reciprocal translation. *Research Synthesis Methods* DOI 10.1002/jrsm.1161

Symposium 3:

Time: 3:25pm

Room: Carrick (level 1)

A multi-methods evaluation of a locally augmented version of Releasing Time to Care, The Productive Ward. Findings from a test of effectiveness; lessons learned about implementation in the acute ward setting; and about gathering patient experience data

Lead:

Dr Carina Hibberd, Stirling University, United Kingdom

Improving the quality of care on acute wards is an international priority. In common with other complex problems, this will need multiple remedies. 'Releasing Time to Care - The Productive Ward' (RTC(TM)) has been implemented across the UK and is closely related to interventions in the USA and Canada. Through 11 modules and expert facilitation, it aims to work with nurse teams to improve process and patient centred aspects of care. One Scottish health-board has augmented the teamwork aspects of RTC(TM) (here called RTC(TM)-Plus). Here we discuss aspects of a multi-method evaluation of RTC(TM)- Plus across 15 acute, adult wards.

Paper 1

Evaluation of an augmented 'Releasing time to care': Findings from a Stepped Wedge Trial

Authors and affiliation

Brian Williams, UK

Abstract

Background: A number of complex policy interventions and strategies have been developed nationally, and sometimes adapted locally, to improve patient experience and overall quality of care. One of the most well-known is 'Releasing Time to Care' (RTC). We evaluated the effectiveness of an augmented version of RTC ('RTCTM-Plus').

Aims: To assess the impact of the intervention on patient and staff experience, and, where possible, subsequent behavioural and clinical outcomes

Methods: A non-randomised stepped wedge trial across 15 wards and two hospitals in from 2012 to 2015. Data on staff and patient outcomes were collected pre and post intervention and at discharge from wards and 4-6 weeks follow up.

All outcomes were validated measures. Primary outcomes were: 1) Patients' evaluations of nurse communication; 2) Nurses' perceptions of shared philosophy of care; and 3) Nurse reported emotional exhaustion.

Results: Data were collected from 691 patients, 177 nursing staff, and 15 senior charge nurses. We found statistically significant improvements in two of the study's primary outcomes: patients' experiences/evaluations of nurse communication, and nurses' shared philosophy of care. In addition, significant improvements were found in: patients' overall rating of ward quality; nurses' positive affect; and several items relating to nursing team climate.

Discussion: We believe this is one of the most robust evaluations of a ward based intervention to date. Findings suggest that the intervention can generate positive impacts for both staff and patients across a diversity of wards. The intervention included an augmentation that addressing three components around ward culture. We cannot conclude that our findings apply fully to the traditional version of releasing time to care.

Conclusions: An augmented version of RTC can have significant benefits for both staff and patients. Further research is needed into the longevity of effect of the intervention and how benefits can be sustained over time.

Paper 2

A realist evaluation of an augmented version of releasing time to care ('RTC(TM)-Plus').

Authors and affiliation

Edward Duncan, UK

Abstract

Background: Various complex policy interventions have been developed nationally, and sometimes adapted locally, to improve patient experience and quality of care. One of the most well-known is 'Releasing Time to Care' (RTC) [1]. We conducted a Realist Evaluation [2] of an augmented version of RTC ('RTCTM-Plus'), in one NHS board from 2012 to 2015. The evaluation was conducted in parallel to a step-wedged evaluation of the intervention.

Aims: To assess the key contextual features and mechanisms of action that appear to explain and account for RTCTM-Plus outcomes.

Methods: Eighty-two semi-structured interviews were conducted with ward staff who received the intervention; RTCTM-Plus facilitators. A group interview was conducted with study research assistants (n=4) who collected ward data. Data were analysed iteratively using Framework Analysis [3].

Results: To differing degrees in different wards, RTCTM-Plus had a positive impact on practice. A dynamic relationship exists between

various contextual features and mechanisms of action. There were changes both in content and in the external facilitation of RTCTM-Plus at a ward level throughout the study. Participants generally perceived a benefit in the RTCTM-Plus modules, however, some participants felt that the appropriateness of a module to a particular ward context was not taken into account. The relationships between RTCTM-Plus facilitators, the senior charge nurse (SCN), and ward staff, appeared fundamental to participants' successful intervention engagement.

Discussion: We believe that there is strong likelihood that RTCTM-Plus will have similar levels of outcome in other Health Board areas in wards with similar ecosystems: SCNs with good leadership skills advocating for the intervention; skilled facilitators; and ward suitability and 'readiness' for the intervention.

Conclusion: The effectiveness of RTCTM-Plus may depend on selecting wards with an appropriate ecosystem. One size does not fit all. Further additions to the intervention may be required to maximise the benefit that can be achieved.

Paper 3

Recruiting patients into a large hospital survey - methodological challenges and solutions

Authors and affiliation

Debbie Baldie, UK

Abstract

Background: Patients' ratings of their experience of nursing care (HCAHPs survey) on participating wards were used as a primary outcome in the IPEC study. Patient experience surveys are now considered a useful method, overcoming some of the limitations of satisfaction surveys¹. Whilst high response rates are advised, to reduce the risk of non-response bias², achieving this with patients who are ill in hospital is challenging.

Aims: This paper outlines recruitment of overnight patients within this large hospital survey study; examining sources of sampling bias. We discuss methodological and practical issues associated with recruitment, testing the effectiveness of strategies to enhance inclusivity.

Method: We compared participant details with population characteristics (concurrent NHS data) to understand the sample sociodemographic representativeness. We also compared with other relevant surveys.

To understand if experience itself was associated with participation we correlated experience ratings with recruitment rates. Lastly we themed patient refusal reasons.

Results: The study recruited 1471/6794 (21.7%) of eligible patients. 1181 (17.4%) patients

declined, the main reason (where specified) was feeling too unwell.

Using the independent-samples Mann-Whitney U-test there were significant differences between the patient group recruited to IPEC and the hospital data:

Age- IPEC median age of 66 years (IQR 53-75), hospital median 64 years (IQR 46-78), $p < 0.001$.

SIMD deprivation decile - IPEC median 7.0 (IQR 4.0-8.0) vs Hospital median 6.0 (IQR 3.0-8.0) $p = 0.007$.

Using Pearson Chi squared test, females appear to be under-represented - IPEC 48% (704/1486) patients were female vs hospital data 53% (5502/10418), $X^2 = 11.171$, (df1) $p < 0.01$.

Conclusion: The study appeared to over-represent older people, but under-represented females and people from more socially deprived areas. Recruitment strategies are discussed. The overall recruitment rate likely reflected that patients were approached whilst still on the wards, but this strategy related to evaluating experience of the ward rather than the overall hospital.

Symposium 4:

Time: 3:25pm

Room: Harris 1 (level 1)

Research on culture: promoting individuality at the bedside

Lead:

Professor Carol Haigh, Manchester Metropolitan University, UK

This symposium brings together the findings of 2 doctorate level studies and how they brought about changes in the way lectures and sessions related to cultural care is now delivered to students with a future in the health and social care professions.

The first 2 papers will discuss how research results exposed the shortcomings of some extant knowledge about communities often defined by their ethnicity and culture.

The third paper will provide an explanation of the changes made within the curriculum of the B.Sc. (Hons) in Nursing and the Foundation degree for Health and Social Care as a consequence of this newer understanding.

Paper 1

The south Asian culture of care: Assumptions about informal care

Author

Hetal Patel, Manchester Metropolitan University, UK

Abstract:

When considering informal care in the lives of people of South Asian (SA) heritage, the community and family have historically been recognised to be prominent providers. Phrases such as 'they look after their own' have been associated with discussions about the expectations of care from family and community members leading inevitably to assumptions about who will care and how they will care. An assumption associated with the above phrase is that care is applied to all caring relationships, thus a distinction between caring for a spouse, child or parent is not made in UK studies (Adamson and Donovan, 2005; Bowes and Wilkinson, 2003; Cowan, 2014; Katbamna et al., 2004; Parveen et al., 2011; Parveen and Morrison, 2009). Secondly, the above phrase also implies there is access to a large pool of people from the extended family who are available to care because SA's live in multigenerational households (Lindesay et al., 1997). These views of informal family care practices within the SA community appears simplistic and does not necessarily reflect the expe-

periences of informal care from the perspective of those performing care.

This paper will address these assumptions by illustrating how Gujarati-speaking Indian Asians living in the UK, who are caring for an elderly relative, experience informal care.

Data for this research was gathered through 21 interviews with 10 families, between March 2011 and August 2012. The family group consisted of three generations; the older person, the carer, and the carer's adult child. The interviews were analysed using Interpretive Phenomenological Analysis (IPA; Smith et al., 2009). This paper will present qualitative data using case study examples, across two of the three generations.

References:

- Adamson, J. and Donovan, J. (2005) 'Normal disruption': South Asian and African/ Caribbean relatives caring for an older family member in the UK.' *Social Science and Medicine*, 60(1) pp. 37-48.
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- Parveen, S. and Morrison, V. (2009) 'Predictors of familism in the caregiving role: a pilot study.' *Journal of Health Psychology*, 14(8) pp. 1135-1143.
- Smith, J., Flowers, P. and Larkin, M. (2009) *Interpretative phenomenological analysis: theory, method and research*. London: Sage Publications Ltd.

Paper 2

Patient perspective regarding culturally appropriate care

Author:

Gayatri Nambiar-Greenwood, UK

Abstract:

This paper will present the findings of a Doctorate level Gadamerian Hermeneutic study on how patients perceive culturally appropriate care.

Within this study, a total of 21 participants from the 5 main ethnic groups that made up the population of the North West of England (White English, White minorities, South Asian, African-Caribbean and Chinese/Oriental group) were interviewed. The semi-structured interviews asked a variety of questions regarding what they would expect from nurses in the way they would expect cultural care to be delivered. Analysis was carried out utilising Attride-Stirling's (2001) thematic networks. Two global themes emerged from data analysis.

Generally, the requirements of the participants (be they from the majority or black and minority ethnic group) were less 'culture-specific' than anticipated. The main focus of the participants responses centred around their expectations of more positive inter-personal communication skills and person-centred care.

Having set the scene, the paper will then reflect on what was found within this study in relation to the cultural care theories that influence concepts around cultural care.

References:

- Attride-Stirling, J. (2001) 'Thematic networks: an analytic tool for qualitative research'. *Qualitative Research*, 1(3) pp. 385-405.

Paper 3

Moving from cultural competency to culturally appropriate care: Translating research, theory to patient bedside

Author

Dr.Eula Miller, UK

Abstract:

Increasingly, Cultural competency in health care settings has been a fashionable term for researchers, clinicians and practitioners for a number of decades. In past - times culture within health - care was often synonymous with ethnicity, nationality and language, (Holland & Hogg, 2010).

Current ongoing research within MMU, in concurrence with others (Kleinman & Benson, 2006.

Isaacson, 2014. Foronda et al, 2015) suggest that the complexity of culture and its meaning for teaching and professional practice warrants further consideration; as previous formulaic approaches to delivering culturally competent care has proved insufficient in meeting the needs of patients. There is a realisation that cultural care needs to mean more than the acquisition of cultural facts and customs about the diverse population we nurse (Isaacson, 2014).

Contemporary knowledge in this area concedes that the complexity of its meaning has meant that, for educators and practitioners alike, that teaching and understanding 'how to' provide cultural care and translating into best practice at the bedside has proved more challenging than previously thought (Kleinman & Benson, 2006).

With regards to the previous two research studies, the focus of this paper will look at how consideration of a slight paradigm shift from culturally competent care to culturally appropriate care has informed the teaching practice and curriculum content within the pre - registration nursing degree and the foundation degree in health and social care courses at Manchester Metropolitan University.

References

- Foronda, C., Baptiste, D. and Ousman, K. (2015) 'Cultural humility : A concept analysis', *Journal of Transcultural Nursing*, pp. 1-8.
- Isaacson, M. (2014) 'Clarifying concepts: Cultural humility or competency', *Journal of Professional Nursing*, Vol.30, pp.251 -258.
- Hogg, C. and Holland, K. (2010) *Cultural awareness in nursing and health care*. 2nd Edition. London: Taylor and Francis
- Kleinman, A. and Benson, P. (2006) 'Anthropology in the clinic: The problem of cultural competency and how to fix it', *PLoS Medicine*, Vol.3, (10), pp. 1673 -1676.

Symposium 5:

Time: 3:25pm

Room: Harris 2 (level 1)

Can research change practice where policy has failed: transition from child to adult centred services

Lead:

Susie Aldiss, Department of Children's Nursing, London South Bank University, UK

Despite the growing evidence base and apparent universal acceptance of the concept of transition, the implementation of transitional care remains a challenge. There are numerous policy documents in the United Kingdom (UK) that can be charted from 2003-2014 that go some way in attempting to tackle gaps in service provision; however it seems transition services are still very much professionally driven and not policy driven. The system-wide changes referred to in the 'Children and Young People's Health Outcomes Strategy' (Department of Health, 2012) are still not embedded in either health or social care. There remains marked variability in transitional care (Care Quality Commission, 2014) and in spite of the commitment shown by the few engaged in implementing changes in practice and the large amount of guidance that is available, it is clear that there is still much to be done to improve care for young people. The transition from child to adult services is a crucial time in the health of young people who may potentially fall into a poorly managed 'care gap'.

What we aim to show here is that strategic, patient focussed research has the power to influence practice, where policy over the last 10 years has failed to do so. This symposium brings together researchers committed to improving the practice of transitional care. The symposium lead will set the scene in terms of the landscape of transitional care and timeline of policy documents. Reference will be made to evidence of the need to change, and what results from poor transitional care. The 3 papers that follow are exemplars of research that seek to understand patient, professional and organisational factors that together, offer new directions to inform and support service delivery. The symposium lead will conclude in terms of new learning offered and facilitate discussion.

Paper 1

Evidence-based transitional care: a Cochrane review

Author

Fiona Campbell, United Kingdom; Katie Biggs, United Kingdom

Abstract

Background: There is evidence that the process of transition from child to adult health services is often associated with deterioration in health (e.g. Lotstein, 2013). Transitional care is the term used to describe services that seek to bridge this 'care gap'. In order to develop appropriate services for adolescents, evidence of what works is needed.

Aim: To evaluate the effectiveness of interventions designed to improve the transition of care for adolescents from child to adult health services.

Methods: The Cochrane Central Register of Controlled Trials 2015, MEDLINE, EMBASE, PsycINFO and Web of Knowledge were searched up to 1 May 2015. Bibliographic searches were undertaken and experts/study authors contacted for additional studies. Inclusion criteria were: randomised controlled trials (RCTs), controlled before and after studies and interrupted time series studies that evaluated the effectiveness of any intervention aiming to improve the transition of care for adolescents from child to adult health services. Two review authors extracted data from the included papers.

Results: 17,208 records were screened, 67 were accessed as full text articles and four were eligible for inclusion. These four RCTs explored different types of interventions designed to prepare adolescents for transition by improving knowledge and self-management skills, and providing support (a cognitive-behavioural workshop program, a one-to-one nurse-led teaching session along with use of 'health passports', a web/SMS-based educational intervention and telephone-based support). Two studies reported improved knowledge of condition and one also reported improved self-efficacy and confidence.

Discussion and Conclusions: The evidence available is very limited and reflects the complexities of evaluating transitional care interventions. Since too few studies were eligible for inclusion, no firm conclusions can be drawn about the effectiveness of the interventions. Future evaluations of transitional care interventions perhaps need to use designs other than RCTs which are more suitable to evaluating complex interventions.

References:

Lotstein Debra S, Seid Michael, Klingensmith Georgeanna, Case Doug, Lawrence Jean M, Pihoker Catherine, et al. Transition From Pediatric to Adult Care for Youth Diagnosed With Type 1 Diabetes in Adolescence. *Pediatrics* 2013;131(4):e1062-70.

Paper 2

Benchmarks for transition: how active dissemination facilitates uptake in practice

Author

Susie Aldiss, UK

Abstract

Background: In spite of the growing evidence base, the implementation of transitional care remains a challenge and young people/parents report poor experiences (Care Quality Commission (CQC), 2014). The CQC recommend that existing good practice guides are followed to ensure young people are properly supported through transition. Benchmarks offer a guide/standards that services can measure themselves against to see how they are doing, and where they can improve (Aldiss et al 2015).

Aims: To actively disseminate the benchmarks for transition to facilitate their use in practice.

Methods: Dissemination of the benchmarks began with their launch at a conference in December 2014. Between May and September 2015, four sites were involved in piloting the benchmarks: meetings attended by approximately 130 professionals, from specialties spanning child and adult health services. In small groups, teams discussed the indicators of best practice for each benchmark factor and recorded the evidence they would use to demonstrate achievement: feedback was collated from each site.

Results: In summary the benchmarks: 1) provided a useful focus for more formal and shared discussions between child and adult teams, 2) allowed teams to consider what is currently in place within their service and what they would like to achieve in the future 3) helped teams to see that some processes are informal/not well documented and needed formalising 4) helped services to share good practice.

Discussion and Conclusions: Working with sites to pilot the benchmarks has demonstrated their usefulness in facilitating dialogue within teams about improving transition and in sharing good practice. The feedback received and types of evidence listed by professionals was collated and used to produce a 'practical guide' for professionals on using the benchmarks for transition. The active dissemination has ensured quick uptake of the benchmarks in a number of sites across the UK.

References:

Aldiss S, Cass H, Ellis J, McCutcheon D, Rose L, Gibson F Transition from child to adult care-'its not a one-off event': development of benchmarks to improve experience *Journal of Pediatric Nursing* 30(5) 38-47

Care Quality Commission (2014) From the pond into the sea: Children's transition to adult health services <http://www.cqc.org.uk/content/teen->

agers-complex-health-needs-lack-support-they-approach-adulthood

Paper 3

Factors affecting the implementation of hospital wide developmentally appropriate healthcare for young people

Author

Lorraine Forster, UK

Abstract

Background: Developmentally appropriate healthcare (DAH) for adolescents and young adults (AYA) has been described as a key principle underpinning the practice of adolescent medicine. In this context, transition is understood as intrinsic to the overall clinical implementation of DAH for AYA (Farre et al., 2015).

Aims: (i) To discuss key factors affecting the implementation of DAH for AYA, and (ii) to consider how these may inform new directions in the transition agenda.

Methods: We undertook a qualitative multi-site ethnographic study across three hospitals in England including non-participant observations in clinics, wards and meetings; and semi-structured interviews with health professionals and managers. Data analysis followed the broad principles of thematic analysis (Boyatzis, 1995).

Results: 65 interviews (41 with health professionals and 24 with managers) and non-participant observations (involving 103 health professionals and 72 managers) were conducted across the three sites between June 2013 and January 2015. The main factors identified were: lack of a clear understanding and different assumptions of DAH as an approach to clinical work; availability and engagement with policy/guidance; the role of locally based champions and research; the view of AYA as a low priority population; the level of AYA involvement; availability of relevant training; resource and space allocation and organisational ability to sustain good practice; communication and teamwork; differences between paediatrics and adult care.

Discussion: Critical challenges and policy gaps still need to be addressed, many at a health system level, to improve transition (Hepburn et al., 2015). Similarly, factors affecting the implementation of DAH both belong and go beyond the limits of a single organisation. However, successful implementation of DAH may in turn enable consistency of practice in transitional care.

Conclusions: Understanding DAH and its implementation can offer new routes to a professional culture in which transition is routine practice.

References

Boyatzis, R.E., 1995. Transforming Qualitative Information: Thematic Analysis and Code Development, First Printing edition. ed. Sage Publications, Inc, Thousand Oaks, CA.

Farre, A., Wood, V., Rapley, T., Parr, J.R., Reape, D., McDonagh, J.E., 2015. Developmentally appropriate healthcare for young people: a scoping study. *Arch. Dis. Child.* 100, 144-151. doi:10.1136/archdischild-2014-306749

Hepburn, C.M., Cohen, E., Bhawra, J., Weiser, N., Hayeems, R.Z., Guttman, A., 2015. Health system strategies supporting transition to adult care. *Arch. Dis. Child.* 100, 559-564. doi:10.1136/archdischild-2014-307320

Acknowledgements

This presentation summarises independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research scheme: RP-PG-0610-10112. The views expressed in this presentation are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Symposium 6:

Time: 3:25pm

Room: Ochil (level 1)

Improving the delivery of healthcare through clinical academic collaboration: the Glasgow model

Lead:

Dr Susan Kerr, Reader in Public Health, Department of Nursing & Community Health, Glasgow Caledonian University, UK

The proposed symposium will focus on the setting up of clinical academic initiatives in nursing, with the aim of building research capacity and capability and improving healthcare delivery.

The introductory paper will set the scene by discussing the development of a formal partnership arrangement between NHS Greater Glasgow & Clyde and Glasgow Caledonian University's Department of Nursing & Community Health. Two papers will follow which describe the development and implementation of the role of Clinical Academic Research Fellow and the NHS Manager's role in supporting a research culture in nursing.

The symposium will be chaired by Ms Mari Brannigan, Director of Nursing - Partnerships, NHS Greater Glasgow & Clyde.

Paper 1

Strategic decisions and partnership working.

Authors

Dr Rhona Hogg, Clinical Nurse Lead, Applied Research and Development, NHS Greater Glasgow & Clyde

Dr Susan Kerr, Reader in Public Health, Department of Nursing & Community Health, Glasgow Caledonian University (GCU)

Professor Joanne Booth, Professor of Rehabilitation Nursing, Department of Nursing & Community Health, GCU

Dr Carol Emslie, Reader, Department of Nursing & Community Health, GCU

Dr Karen Lorimer, Senior Research Fellow, Department of Nursing & Community Health, GCU

Abstract

Background: NHS Greater Glasgow & Clyde (NHSGGC) and Glasgow Caledonian University (GCU) have recently launched research strategies [1, 2] that focus, in part, on developing stronger relationships between academia and clinical practice. In this session we will discuss the clinical academic initiatives which have been

set up and the intended benefits to patient care and to each organisation.

Progress: Three two-year Clinical Academic Research Fellowships (CARFs) have been established, funded jointly by GCU and NHSGGC. The CARFs work two days per week at the university, with their professional appraisal and development plan undertaken jointly with university and clinical managers. Mechanisms are in place to facilitate communication, joint planning and evaluation of the posts among the CARFs, their academic and clinical managers and both organisational leads.

Research apprenticeships have also been established to allow practitioners to work with research teams at GCU, usually for two days/month for six months. This enables practitioners to develop research skills and also provides academics with insight into current concerns around patient care and service delivery.

In addition to the above, a Research Group has been set up in each clinical area within NHSGGC to establish research priorities, co-ordinate research activities and maximise implementation of research findings to improve patient care. This facilitates joint working between research active/ interested practitioners and academics.

These initiatives are fostering a research culture among NHSGGC nurses and midwives and promoting joint research activities in priority areas, which in turn should increase the impact of research.

Challenges: Some nurses and midwives are unable to apply for research opportunities because of workload pressures, highly specialised roles and lack of management support. This inequality of access needs to be addressed.

There is a need for substantive clinical academic posts but the clinical component at each level requires consideration.

References

1. NHS Greater Glasgow & Clyde (2014) Nursing & Midwifery Research Strategy 2014-2019. NHSGGC, Glasgow.
2. Glasgow Caledonian University (2015) University Research Strategy, GCU, Glasgow.

Paper 2

Developing and evaluating the clinical-academic role: the view from within.

Authors

Dr Ruth Astbury, Clinical Academic Research Fellow, NHS Greater Glasgow & Clyde (NHSGGC)/ Glasgow Caledonian University (GCU)

Mr Andrew McPherson, Clinical Academic Research Fellow, NHSGGC/GCU

Ms Jenny Dalrymple, Clinical Academic Research Fellow, NHSGGC/GCU

Abstract

Background: As noted previously, NHS Greater Glasgow & Clyde and Glasgow Caledonian University have recently launched research strategies which focus on clinical academic collaboration. This has led to the setting up of three jointly funded Clinical Academic Research Fellow (CARF) posts for two years from August 2015.

Purpose: This session will report on the collective aims of the three Fellows, their academic supervisors, clinical managers, and the academic and NHS strategic leads for the scheme. The framework [1, 2] and the quantitative and qualitative methods that are being used to support a process evaluation of the CARF roles will be discussed, with findings from the baseline qualitative review being presented.

As the three CARFs work within different clinical areas and are currently linked to separate academic teams within the University, a range of experiences are becoming evident which will be shared during the session. The use of social media as a reflective tool for the CARFs to share their experiences with colleagues within academia and practice and with patients will also be discussed.

References

1. Cooke, J. (2005) A framework to evaluate research capacity building in health care. *BMC Family Practice*, 6:44. doi:10.1186/1471-2296-6-44
2. Latter S, MacLeod Clark J, Geddes C, Kitsell F. (2009) Implementing a clinical academic career pathway in nursing: criteria for success and challenges ahead, *Journal of Research in Nursing*, 14(2):137-148.

Paper 3

The clinical academic research nurse and the manager: a symbiotic relationship

Author

Ms Lorraine Forster, Nurse Consultant and Head of Profession (Sexual Health), NHS Greater Glasgow & Clyde

Abstract

Background: The role of Clinical Academic Research Fellow (CARF) brings opportunities for nurses to work in partnership with managers and academics to build relationships that facilitate and allow a collaborative approach to enquiry that can inform and support the delivery of evidence based practice. Policy drivers [e.g. 1,2,3] can be used to support the research ambitions of individual nurses and managers and to link research, education and practice. CARFs are at the forefront of the interface between academic theory and knowledge transfer and have opportunities to engage meaningfully with registrants thereby positively influencing care delivery.

Purpose: This session will focus on how the CARF and the nurse manager can work together effectively to create a culture of research activity to develop and inform the current evidence base. As a Nurse Consultant, Professional Leader and NHS manager, I am committed to developing and supporting nursing research capacity and capability across the spectrum of involvement, including the role of Clinical Academic Research Fellow. This joint working has a direct relevance to nursing practice and actively seeking opportunities for nurses to have meaningful engagement with education and associated research activities will support partnership approaches, ensuring evidence into practice and associated succession planning.

Conclusion: It is important to consider how to keep motivated research aware practitioners 'in practice' and the CARF role is one way of achieving a win-win solution. The challenge is sometimes to convince others of the inherent value in roles where nurses work in partnership with colleagues in Higher Education to support and promote research activity.

References

1. Scottish Government (2014) Setting the Direction for Nursing & Midwifery Education in Scotland, Scottish Government, Edinburgh.
2. NHS Greater Glasgow & Clyde (2014) Nursing & Midwifery Research Strategy 2014 - 2019, NHS Greater Glasgow & Clyde, Glasgow.
3. Scottish Government, 2010. The Healthcare Quality Strategy for NHSScotland, Scottish Government, Edinburgh.

Symposium 7:

Time: 3:25pm

Room: Kilsyth (level 0)

Methodological opportunities and challenges in undertaking domestic violence and abuse (DVA) research in healthcare contexts

Lead:

Dr Julie McGarry, Associate Professor, School of Health Sciences, University of Nottingham, Nottingham, UK

Domestic violence and abuse (DVA) is recognised as global societal and health concern (World Health Organisation, 2015). DVA exerts a significant impact on the lives and health of those affected. This includes both short and long term physical and psychological ill health. In 2014 in the UK, the National Institute for Health and Care Excellence (NICE, 2014) published guidance that clearly places health care professionals at the forefront of identification and effective management of DVA.

Recently within healthcare generally and nursing more particularly there has been a growing body of DVA research both in the UK and internationally. As research in this field continues to evolve and the boundaries of enquiry continue to expand a number of potential methodological opportunities and challenges have been highlighted by researchers and commentators within the particular context of DVA research.

This symposium presents a timely opportunity for both experienced and early career researchers to critically reflect on the opportunities and challenges associated DVA research in healthcare contexts. Drawing on their collective experience of DVA research alongside the available evidence, the presenters have identified three key areas of DVA research within one overarching theme. The first presentation explores the challenges of carrying out DVA research with so-called 'hard to reach' DVA survivor groups such as marginalised communities, black and minority ethnic communities (BME) (Presenter Dr Parveen Ali). The second presentation explores the challenges and possibilities of using survivor stories as a narrative research methodology when researching DVA (Presenter Dr Julie McGarry). The third presentation explores the salient ethical challenges of conducting DVA research that may be encountered by health care researchers who themselves are healthcare practitioners. This final presentation also draws together the issues that surround the physical safety and emotional wellbeing of DVA researchers and participants (Drs Ali and McGarry).

Paper 1

Domestic violence and abuse research involving so-called 'hard to reach groups'

Author:

Dr Parveen Ali, Lecturer, University of Sheffield, UK

Abstract

Domestic violence and abuse (DVA) is a major public health and social problem affecting million people across the globe (World Health Organization 2015). DVA affects all sections of society regardless of gender, age, ethnicity, sexual orientation, social status, and geographical location. Research is necessary to ensure a comprehensive understanding of DVA and to develop strategies to address DVA. Existing evidence suggests that DVA affects people from all ethnic groups, however, research on the experiences of victims and perpetrators from minority ethnic communities is limited (Khelaifat, Shaw, & Feder, 2014). One reason contributing to such dearth of literature is the difficulties associated with identification and recruitment of research participants from so-called hard to reach groups (Brown, Marshall, Bower, Woodham & Waheed, 2014). Drawing on a narrative synthesis of literature, combined with author's experiential learning from conducting DVA research with BME communities and reflections, this presentation aims to explore the challenges associated with identification and recruitment of participants from Black and Minority Ethnic (BME) communities in two research studies exploring DVA and its various aspects. Strategies to overcome such challenges will also be discussed. Various challenges associated with 'working with gatekeepers', 'community engagement', 'reasons for non-participation' and 'strategies' to enhance recruitment and participation' will be explored. This presentation will critically examine the particular issues that DVA researchers need to be mindful of and which may affect successful identification and recruitment of participants from marginalised and hard to reach groups.

References

- Khelaifat, N., Shaw, A., & Feder, G. (2014). Why are Clear Migrant Definitions and Classifications Important for Research on Violence Against Migrant Women. *Arts Social Sci J S*, 1, 2.
- Brown, G., Marshall, M., Bower, P., Woodham, A., & Waheed, W. (2014). Barriers to recruiting ethnic minorities to mental health research: a systematic review. *International Journal of Methods in Psychiatric Research*, 23(1), 36-48.
- World Health Organization (2015) Violence Against Women. http://www.who.int/topics/gender_based_violence/en/

Paper 2

Silent voices: Exploring the use of narrative in research with survivors of domestic violence and abuse

Authors:

Dr Julie McGarry, Associate Professor, School of Health Sciences, University of Nottingham, UK.

Dr Kathryn Hinsliff-Smith, Research Fellow, School of Health Sciences, University of Nottingham, UK.

Abstract

Women who have experienced DVA may present to a number of health services as the direct result either of injury or through associated trauma for example, mental ill-health. To date, however, while there is a growing professionally driven evidence base surrounding healthcare encounters with survivors of DVA the voices of survivors themselves remains largely unheard. Narrative research is increasingly being utilised within nursing inquiry as it 'places the voices of the researched' (Holloway & Freshwater, 2008) at the centre of the research process and as such recognises the value of lived experience as a valuable and powerful asset for healthcare education and practice (Polkinghorne, 2007). This is, in part, due to the recognition that stories cannot be de-contextualised and can help to situate professionals within the experience itself. However, the use of narrative or story telling is not without criticism in terms of validity as 'they [stories] are by their nature unique and subjective, which can raise issues around narrative 'truth', memory, authenticity and reader interpretation' (Baker, 2015). This presentation will draw on the existing evidence base and discourse surrounding the theoretical underpinning of narrative research alongside the use of this approach in practice and the findings of a recent research study, which utilised a narrative approach to explore DVA survivor's experiences of health care encounters, told as a personal narrative. A core focus of this presentation will be a critical account of the potential strengths and limitations and challenges of narrative or storytelling as an emergent research method alongside a consideration of the future possibilities for narrative research within healthcare contexts.

References

- Baker, C. (2015) Narrative in nursing practice, education and research. *Journal of Psychiatric and Mental Health Nursing*. 22, 1-2
- Holloway, I. & Freshwater, D. (2008) *Narrative Research in Nursing*. London: Blackwell.
- Polkinghorne, D. (2007) Validity Issues in Narrative Research. *Qualitative Enquiry*. 13:4, 471-486

Paper 3

Domestic violence and abuse research: Ethical challenges for health care researchers and participants**Authors:**

Dr Parveen Ali, Lecturer, University of Sheffield, UK

Dr Julie McGarry, Associate Professor, School of Health Sciences, University of Nottingham, UK.

Abstract

A number of methodological approaches have been utilised to investigate DVA within health care settings and both quantitative and qualitative methodologies utilised in DVA research share opportunities and challenges. For instance, challenges associated with identification and recruitment of appropriate participants, negotiating access, ensuring the safety of the participants while maintaining confidentiality and anonymity and the issues of response and recall bias (Kelmendi, 2013). Other issues include the lack of appropriate description of the context in which DVA occurs, the impact of the research on researcher, researched, and vice versa in terms of potential emotional trauma and distress (Dickson-Swift et al. 2008). Irrespective of the methodological approach undertaken, the subject area itself also warrants careful consideration and planning in terms of any safeguarding issues that may emerge during the process of enquiry. Such issues are relevant to researchers generally, but are particularly pertinent to researchers who are health care professionals themselves, such as nurses, midwives, physicians, as they have to abide by the code of conduct of their respective registration regulators (The Nursing and Midwifery Council, UK, 2015). Researchers with such dual responsibilities need to be cognisant of the range of important ethical difficulties intrinsic to investigating DVA in health care settings. The aim of this presentation is to explore the pertinent methodological issues and challenges that DVA researchers need to consider when designing and preparing to carry out DVA research in health care settings involving patients and/or health care professionals or both.

References

- Dickson-Swift, V., James, E., Liamputtong, P. (2008) *Undertaking Sensitive Research in the Health and Social Sciences: Managing Boundaries, Emotions and Risks*. University Press: Cambridge
- Kelmendi, K. (2013). Violence against Women: Methodological and Ethical Issues. *Psychology*, 4(07), 559.
- The Nursing and Midwifery Council Code (2015). <http://www.nmc.org.uk/standards/code/>

Symposia 8 - 15

Friday 8 April 13.40 - 15.10

Symposium 8:

Time: 1:40pm

Room: Fintry (level 3)

Developing effective complex interventions

Lead: Dr Emma France, Senior Lecturer, NMAHP-RU, University of Stirling, UK

This symposium presents examples of real-life challenges and solutions facing researchers and clinicians as they attempt to design effective, acceptable and feasible behaviour change interventions relating to nursing and allied health professional (AHP) practice.

Changing health behaviour is challenging. Interventions delivered by nurses and AHPs tend to be complex. The Medical Research Council (MRC) framework for the development of complex interventions regards it as best practice 'to develop interventions systematically, using the best available evidence and appropriate theory' [1, p. 8]. Theoretically-based interventions - drawing on existing evidence, theory and, if necessary, new primary research - are more likely to be successful than those which are not [1]. The MRC also recommends modelling of complex interventions prior to definitive evaluation.

The five papers presented in this symposium address some of the challenges for complex nursing and AHP intervention development. We present diverse examples from recent feasibility projects for a range of patient groups and a new framework for describing complex interventions. Papers 1, 2 and 3 describe developing theoretically-based audio-visual behaviour change interventions for adults with Acute Coronary Syndrome, young people with asthma, and parents of children with cystic fibrosis respectively. Paper 1 presents a systematic method of selecting and embedding behaviour change techniques into an intervention to reduce treatment delay. Paper 2 focuses on creating and feasibility testing an intervention to increase engagement in physical activity. Paper 3 describes an online action research approach with families and clinicians to co-develop an intervention to increase chest physiotherapy adherence. Paper 4 describes development of an intervention to improve swallowing difficulties in adults with head and neck cancer. Paper 5 presents a framework for communicating and describing interventions to facilitate their future replicability. The symposium offers insights into a range of methodological approaches and solutions for developing and communicating complex interventions.

Paper 1

Selecting behaviour change techniques for inclusion in an intervention to reduce patient delay in acute coronary syndrome.

Authors:

Dr Barbara Farquharson, Lecturer, University of Stirling, Scotland, UK; Professor Marie Johnston, University of Aberdeen, Scotland, UK; Stephan U Dombrowski, Senior lecturer, University of Stirling, Scotland, UK; Purva Abhyankar, Research fellow, University of Stirling, Scotland, UK; Nadine Dougall, Senior lecturer, University of Stirling, Scotland, UK; Claire Jones, University of Dundee, Scotland, UK; John McGhee, Senior lecturer, University of New South Wales, Australia; Alex Pollock, Senior research fellow, Glasgow Caledonian University, Scotland, UK; Professor Stuart Pringle, Consultant Cardiologist, Ninewells Hospital, Dundee, UK; Professor Chris Rowland, University of Dundee, Scotland, UK; Karen Smith, University of Dundee, Scotland, UK; Professor Shaun Treweek, University of Aberdeen, Scotland, UK; Professor Brian Williams, Director of NMAHP Research Unit & Dean of Research Enhancement, NMAHP-RU, University of Stirling, Scotland, UK.

Abstract

Background: The UK Medical Research Council's (MRC) guidance for developing complex interventions advocates that interventions should be informed by theory [1]. However, it does not provide detailed guidance about how to achieve this. Multiple theories of behaviour change exist, often with conceptually overlapping constructs. There is evidence that theory is poorly applied [2]. We describe a systematic, transparent and replicable approach to selecting behaviour change techniques (BCTs) for inclusion in an intervention to reduce patient delay in Acute Coronary Syndrome (ACS).

Aim: To identify the specific content most likely to be effective in reducing patient delay when experiencing symptoms of ACS.

Methods: A systematic review (SR) and expert consensus study (Delphi) were undertaken.

The SR was conducted as per our pre-specified, published protocol [3] to identify effective BCTs from previous interventions to reduce pre-hospital delay. For the Delphi, 11 BCT experts identified desirable techniques from the latest BCT Taxonomy (BCTTv1) and the theoretical mode

of action. In Round 2, experts rated 'necessary' BCTs.

Results: The SR included 33 studies. Identified studies were too heterogeneous to quantitatively link BCTs (n=23) with effectiveness. The most frequently identified BCTs were 'information' (n=28), 'instruction' (n=24) and 'action planning' (n=17).

Experts in the Delphi identified 12 techniques as essential: problem solving, action planning, social support (practical and emotional), instruction, information about health consequences, salience of consequences, prompts/cues, credible source, pros and cons, comparative imagining of future outcomes, and mental rehearsal of successful performance

Conclusion: Systematic, transparent methods of selecting content for interventions are desirable. Although SRs represent an evidence-based approach, there are a number of important limitations to relying solely on this method (heterogeneity, poor description of interventions, potentially missing previously un-trialled techniques, theoretical incoherence). Supplementing with a consensus approach such as Delphi offers a transparent, replicable way to overcome some of these difficulties.

References

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2. Michie S., Prestwich A. Are interventions theory-based? Development of a theory coding scheme. *Health Psychology*. 2010;(1):1-8. doi: 10.1037/a0016939.
3. Farquharson B, Dombrowski S, Pollock A, et al. Reducing patient delay with symptoms of acute coronary syndrome: a research protocol for a systematic review of previous interventions to investigate which behaviour change techniques are associated with effective interventions. *Open Heart* 2014;1:e000079. doi:10.1136/openhrt-2014-000079

Paper 2

Developing a theory-informed interactive animation to increase engagement in physical activity in young people with asthma.

Authors:

Dr Gaylor Hoskins, Clinical Academic Research Fellow, NMAHP-RU, School of Health Sciences, University of Stirling, Stirling, UK

Professor Brian Williams, Director of NMAHP Research Unit & Dean of Research Enhancement, University of Stirling, Stirling, UK

Dr Jennifer Murray, Lecturer of Psychology, University of Napier, Edinburgh, UK

Dr Silje Skar, Researcher, NMAHP-RU, School of Health Sciences, University of Stirling, Stirling, UK

Dr John McGhee, Deputy Director of NIEA and of the 3D Visualisation Aesthetics Lab, University of New South Wales, Sydney, Australia.

Dylan Gauld, Animator, Duncan of Jordanstone College of Art & Design, University of Dundee, Dundee, UK

Gordon Brown, Formerly National Director of Asthma UK Scotland

Professor Shaun Treweek, Professor of Health Services Research, Health Services Research Unit University of Aberdeen, Aberdeen, UK

Professor Falko Sniehotta, Professor of Behaviour Medicine & Health Psychology, Newcastle University, Newcastle upon Tyne, UK

Professor Linda Cameron, Professor of Psychological Sciences, University of California, Merced, USA

Professor Aziz Sheikh, Professor of Primary Care Research & Development and Co-Director, The University of Edinburgh, Edinburgh, UK

Professor Suzanne Hagen, Professor, Statistician & Head of NMAHP Interventions Prog. NMAHP Research Unit, Glasgow Caledonian University, Glasgow, UK

Abstract

Background: Aerobic fitness and emotional well-being improve with regular physical activity. Additional benefits for people with asthma include reduced hospital admissions, absenteeism, and medication use, and increased ability to cope with asthma [1]. People with asthma can exercise safely but young people with asthma are less physically active than their peers [2].

Aim: This paper how we integrated user-centred design [3] with the MRC Framework for Complex interventions to develop and test a theoretically-informed interactive animation

to encourage young people (12-18 years) with asthma to engage in physical activity.

Methods: From January 2013 to December 2014 a two-stage mixed-methods approach was used. In stage 1 a user group (young people with asthma, parents, health professionals) participated online to inform the intervention development in a highly iterative manner (modelling). The theoretical basis for the intervention was then refined and converted into a 3D animation with accompanying action plan and volitional help sheet. In stage 2 a web-based interactive modelling experiment evaluated effectiveness in three key areas: knowledge about asthma, inhaler use, and intention to increase physical activity. One-to-one interviews and focus groups evaluated the acceptability of the animation and effectiveness of the theoretical basis.

Results: Twenty-three people were recruited to the user group. Fifty-three individuals were randomised online to intervention or control; 26 completed follow-up questionnaires. The web-based experiment supported the intervention's evidence base but recruitment methods and loss to follow-up need addressed before a future trial. Though not powered to detect effect, the study revealed an increase in intentions to be active. Qualitative feedback indicated the intervention was understandable, meaningful, engaging and potentially useful within an asthma review.

Conclusion: The data-led, iterative approach led to successful creation of an interactive 3D animation embedding behavioural theory. Future work will establish whether acceptability levels and perceived effectiveness translate into behaviour change.

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Paper 3

Using action research to develop an intervention to increase children's adherence to physiotherapy for cystic fibrosis

Authors:

Dr Emma France, Senior lecturer, NMAHP-RU, University of Stirling, UK; Dr Karen Semple, Research fellow, NMAHP-RU, University of Stirling, UK; Dr Mark Grindle, Research fellow, NMAHP-RU,, University of Stirling UK; Dr Gaylor Hoskins, Clinical Academic Research Fellow, University of Stirling, UK; and Dr Claire Glasscoe, Honorary Research Fellow, University of Liverpool, UK; Professor Chris Rowland, Professor, University of Dundee, UK; Mr Kieran Duncan, Research fellow, University of Dundee, UK; Ms Elaine Dhouieb, Respiratory Physiotherapy Clinical Lead, Royal Hospital for Sick Children, NHS Lothian; Dr Steve Cunningham, Consultant & Honorary Reader in Paediatric Respiratory Medicine, Royal Hospital for Sick Children, NHS Lothian UK; Dr Eleanor Main, Senior Lecturer in Physiotherapy, Institute of Child Health, University College London; Professor Brian Williams, Director of NMAHP Research Unit & Dean of Research Enhancement, University of Stirling, UK; Professor Suzanne Hagen, Professor, Statistician & Head of NMAHP Interventions Programme, NMAHP-RU, Glasgow Caledonian University, UK; Professor Shaun Treweek, Professor, University of Aberdeen, UK; Dr Janet Allen, Director of Research, Cystic Fibrosis Trust UK; Dr John McGhee, Senior lecturer, University of New South Wales , Australia; Professor Pat Hoddinott, Chair in Primary Care, NMAHP-RU, University of Stirling , UK.

Abstract

Background: An action research (AR) approach [1] was used to develop a theoretically-informed intervention (a film and action plan) to improve home chest physiotherapy adherence in infants and young children with cystic fibrosis. AR is a participatory, iterative approach characterised by inquiry as a group activity and a partnership between researchers and participants. AR is particularly useful for understanding and resolving complex problems and consequently is increasingly used in developing and refining complex healthcare interventions [2].

Aim: This paper's aim is to describe the use of AR and explore the suitability of an online medium for developing an audio-visual intervention to inform future intervention development.

Methodological discussion: The AR approach involved three iterative phases: theoretical testing, development, and practical testing/ refinement of the intervention. This iterative approach is consistent with the revised

MRC framework [3]. We used AR in a novel way, in online interaction. The intervention was co-developed from May 2014 to April 2015 with a specially-recruited online group of 14 parents and 8 clinicians in the United Kingdom. Barriers and solutions to adherence, parents' preferences for the intervention content and format and for the feasibility study design were explored. Advantages of an online environment for extended AR interactions were its suitability for this geographically-dispersed population, reduced participant burden compared to focus groups, and the ease of sharing multimedia materials. Challenges included lack of researcher control over participants' response time, a reduction in parents' interactions over time, difficulties conveying complex information succinctly and in an accessible way, and limits imposed by the textual format of parents' responses.

Conclusion: Despite these challenges, action research can be done online rather than face-to-face and the iterative nature of AR was ideally suited to this creative project which resulted in successful intervention development. Recommendations are made for future intervention development using online AR.

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enteral feeding tubes [2], however no consensus exists on the type of exercise, dose (frequency/quantity), or timing of introduction. The exercises are challenging for patients and adherence is low [3]. Questions therefore remain about the feasibility and acceptability of a preventative swallowing exercise programme.

Aims: This feasibility study seeks to identify the optimal characteristics of a patient-focused, practical, evidence-based Swallowing Intervention Package (SiP); to develop a standardised swallowing exercise program; to understand the barriers and facilitators to the SiP adherence; and to examine feasibility of the SiP for patients and HNC teams.

Methods: We used an iterative multi-method approach to design the SiP, working with patients and health professionals. Focus groups were carried out with patients and carers, to gain an understanding of the potential side-effects of HNC treatment. These findings fed into a consensus day with the project team and patient/ academic advisors. We used workshops and consensus techniques to agree the essential components of the SiP from an expert professional perspective. Existing protocols, best evidence and expert opinion were used to determine the swallowing exercises most likely to be feasible and effective in our patient group. Finally the SiP, which includes information and support, was shown to patients and carers for their feedback.

Conclusions: The SiP is currently being tested in a feasibility study. The SiP comprises five exercises with standardised dose and timing of delivering. Written materials explaining the exercises and diary cards have been designed so that patients can record adherence. A staff manual draws on a behaviour change taxonomy to support participants and encourage fidelity in delivery.

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Paper 5

Improving intervention description for multiple audiences.

Authors:

Dr. Edward AS Duncan (Senior Research Fellow, NMAHP Research Unit, University of Stirling) & Prof. Brian Williams (Director of NMAHP Research Unit & Dean of Research Enhancement, at University of Stirling).

Abstract

Background: High quality intervention description is essential to the development, evaluation and implementation of effective, widespread and sustainable interventions. However, until recently, relatively little attention has been paid to intervention description. The CONSORT [1] statement, and some of its extensions [2], contain limited intervention description guidance. More recently a consensus statement for Intervention Description and Replication (TIDieR) [3] has been developed. However, this is limited to a list of items that should be included when describing an intervention.

Aims: 1) To discuss the importance of intervention description in the development and evaluation of (complex) non-pharmacological interventions; 2) To critique current guidance on intervention description; 3) To present a new method of intervention description: The Intervention Description Table (INDIcaTE).

Methodological Discussion: We will argue not only that the quality and utility of an intervention's description is dependent on its ability to fulfil a purpose, but also that, at present, descriptions are not sufficiently delineated. We argue that descriptions have four potential purposes tied to four potential audiences. Multi-dimensional definitions are therefore appropriate. Against this background, a review of current guidance for intervention description will be critiqued. The paper will present INDIcaTE, an intervention description table developed by the authors, as a means of building on current best practice and overcoming ongoing intervention description limitations. The structure, mechanisms, and benefits of describing an intervention using INDIcaTE will be presented and two case examples of INDIcaTE used in successful grant applications will illustrate its use in practice.

Conclusion: This paper will provide delegates with an overview of the state of the art in intervention description; an awareness of the limitations of best practice; and an introduction to INDIcaTE as an innovative approach to intervention description that overcomes these limitations, and describes interventions in a manner that is meaningful to multiple audiences.

Paper 4

Developing a swallowing exercise intervention for patients with head and neck cancer: the SiP study

Authors:

Professor Mary Wells, Professor of Cancer Nursing Research and Practice, PI
Dr Emma King, Research Fellow, NMAHP-RU, University of Stirling

Abstract

Background: Swallowing problems are a common side-effect of radiotherapy treatment for head and neck cancer (HNC), and can have devastating long-term effects [1]. Exercises targeting the swallowing muscles can improve long-term outcomes and reduce the use of

References:

1. Schulz, K. F., Altman, D. G., & Moher, D. (2010). CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *BMC Medicine*, 8(1), 18.
2. Boutron, I., Moher, D., Altman, D. G., Schulz, K. F., & Ravaud, P. (2008). Extending the CONSORT statement to randomized trials of nonpharmacologic treatment: explanation and elaboration. *Annals of Internal Medicine*, 148(4), 295-309.
3. Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., ... & Michie, S. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ*, 348, g1687.

Symposium 9:

Time: 1:40pm

Room: Sidlaw (level 3)

Intervention studies in relational care in acute settings: content, context, and consequences

Lead:

Professor Jackie Bridges, University of Southampton, UK

Chaired by Professor Ruth Harris, this symposium reports from two multi-centre studies, each focusing on implementation, feasibility and evaluation of complex interventions to support relational hospital nursing care for older people. Both studies were funded by NIHR in the wake of the Francis Inquiry and concerns raised about compassionate hospital nursing care. One study (CHAT) focuses on a training intervention for health care assistants (HCAs). The other (CLECC) focuses on supporting ward nursing teams to develop leadership and team relational practices in the workplace. The symposium begins with a paper presenting findings from CHAT study qualitative interviews on the barriers and enablers to relational care in older people's wards. These findings laid the groundwork for the CHAT intervention, and its development and implementation are reported in the second paper. This is followed by a paper reporting the development and implementation of the CLECC intervention, together with an overview of methods used to evaluate its feasibility. Between them, these first three papers will enable an appreciation of the content of complex interventions targeted at relational nursing care in hospital, in terms of their development, proposed mechanisms for change and implementation. The fourth paper takes a more methodological focus and draws on lessons learned from the CLECC study about evaluating the effectiveness of interventions of this kind, with the consequences for patient experiences being of particular concern. The symposium concludes with a panel discussion that draws on findings from both studies to explore the impact of context on the implementation of interventions of this kind in acute care settings. The inclusion in this symposium of findings about the content of each intervention, measurement of their consequences and the identification of contextual factors that may enable or inhibit implementation will be of high interest to practitioners, educators, policy makers and researchers.

Paper 1

The CHAT Study: Barriers and enablers to healthcare assistants' provision of relational care to older people in acute settings

Authors

S.Sarre, Research Fellow, Florence Nightingale Faculty of Nursing and Midwifery, King's College London, UK

J.Maben, Professor of Nursing Research, Florence Nightingale Faculty of Nursing and Midwifery, King's College London, UK

C.Aldus, Research Fellow, School of Health Sciences, University of East Anglia, UK

H.Wharrad, Professor of e-Learning and Health Informatics, University of Nottingham, UK

A.Arthur, Professor of Nursing Science, School of Health Sciences, University of East Anglia, UK

Abstract

Background: Problems in the care of older people in hospitals have been highlighted. Older people judge the care they receive in terms of relational care; kindness, compassion and respectful communication (Bridges et al 2010). Healthcare assistants (HCAs) deliver an increasing proportion of direct care to older people, yet their training needs are often overlooked.

Aims: To identify barriers and facilitators to HCAs' implementation of relational care to older people in acute settings.

Methods: Interviews with HCAs (n= 30) and other staff (n= 24) working on older people's wards in three acute trusts in England, undertaken May to November 2014.

Results: HCAs had received minimal training on relational care, and training did not always reflect the practical difficulties faced on the wards. Time was regarded as a key factor in relational care, but given the profile of older patients, many interviewees felt they did not have enough time to give a timely response or the care that they wanted to. Nevertheless, interviewees also spoke of ways of providing good relational care while carrying out essential tasks. A number of tensions made relational care both important and challenging to achieve: maintaining patients' dignity in undignified situations; keeping patients calm in a busy, noisy, unfamiliar environment; and dealing with a high level of need from people with sensory and/or cognitive impairments.

Conclusions: There is a need for training in relational care for HCAs founded in the realities of life on the ward. Training should emphasise the ways in which relational care can be woven into everyday activities and tasks and how to support staff in managing their own feelings of stress, frustration and fear, as well as dealing with the emotions of patients.

Reference

Bridges, J., M. Flatley, and J. Meyer (2010) Older people's and relatives' experiences in acute care settings: Systematic review and synthesis of qualitative studies. *International journal of nursing studies*, 2010. 47(1): p. 89-107.

Paper 2

The CHAT study: Older people's shoes - the challenges of development, design and testing a new training intervention for healthcare assistants

Authors

Arthur A, Professor of Nursing Science, School of Health Sciences, University of East Anglia
Wharrad H, Professor of e-learning and Health Informatics, School of Health Sciences, University of Nottingham

Aldus C, Research Fellow, School of Health Sciences, University of East Anglia

Sarre S, Research Fellow, Florence Nightingale Faculty of Nursing and Midwifery, King's College London

Maben J, Professor of Nursing Research, Florence Nightingale Faculty of Nursing and Midwifery, King's College London

Abstract

Background: Few studies of training interventions observe outcomes beyond the level of 'reaction', the first of Kirkpatrick's four-level evaluation of training model (Kirkpatrick & Kirkpatrick 2006). While the description of complex interventions is now commonplace (Hoffmann et al, 2014) the design process is rarely reported.

Aims: To describe the development of a training intervention for healthcare assistants (HCAs) to improve the relational care of older people and the design of an evaluation using gold standard methodology.

Methodological processes of intervention development and evaluation design: A series of intervention development workshops were held involving study team members, an HCA and two older people. The group drew on: interviews with HCAs and other staff; focus groups with older people and carers; an expert witness panel; and customer care training in four retail organisations. This process produced 'Older People's Shoes', a two-day training intervention delivered by practice development nurses to HCAs. It comprises three units: walking in older people's shoes; getting to know older people; and learning from customer care. Given the 'hands-on' nature of HCA work, the theoretical basis for the training was derived from Carver's framework for understanding experiential education (Carver 1996). To test whether a definitive randomised controlled trial (RCT) is viable we have conducted a feasibility cluster

RCT randomising 12 wards from three hospitals where HCAs receive either Older People's Shoes or training as usual. Trial outcomes are observed at HCA, ward and patient level.

Conclusions: HCAs work at the point where relational care is delivered. Their voice needs to inform the design and evaluation of the training they receive. Complex interventions require transparent reporting not just of the structure and mode of delivery but also of the creative design process. Researchers should not shy away from testing training interventions using robust designs and measuring proximal and distal outcomes.

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Journal of Experiential Education. 1996;19(1):8-13.

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Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide *British Medical Journal*. 2014;348:g1687. doi: 10.1136/bmj.g1687.

Kirkpatrick DL, Kirkpatrick JD. Evaluating training programs. San Francisco: Berrett-Koehler; 2006.

Paper 3

Creating learning environments for compassionate care (CLECC): developing and evaluating the feasibility of a complex intervention

Authors

Jackie Bridges, Professor of Older People's Care, University of Southampton

Paula Libberton, Lecturer, University of Southampton

Hannah Barker, Senior Research Assistant, University of Southampton

Lisa Gould, Research Fellow, University of Southampton

Wendy Wigley, Principal Teaching Fellow, University of Southampton

Peter Griffiths, Professor of Health Services Research, University of Southampton

Abstract

The consistent delivery of compassionate health care to older people is a matter of global concern. The development and evaluation of effective interventions to address this concern is of prime

importance. In the context of a mixed methods feasibility study in two English hospitals, this paper will describe the development, delivery and evaluation of a novel implementation programme designed to improve and support the delivery of compassionate care by health and social care teams.

Creating Learning Environments for Compassionate Care (CLECC) is a 4 month implementation programme designed for hospital ward nursing teams caring for older people, but relevant to other teams working with other client groups (Bridges and Fuller, 2015). The programme uses workplace learning theory to promote change at team level by enabling the development of leadership and team relational practices which are also designed to enhance the capacity of individual team members to relate to older people. Existing research evidence suggests that optimising relational capacity in this way will support the delivery of compassionate care.

The need to better understand how complex interventions such as CLECC are implemented, their causal effects and the impact of context is increasingly recognized as imperative in enabling research to inform policy and practice (Moore et al., 2015). The feasibility of CLECC, specifically its workability and integration into routine practice, is therefore currently being tested with four ward nursing teams in two English hospitals. Evaluation methods include qualitative interviews with patients, staff and visitors, observations, and documentary analysis. Data were collected prior to, during and after implementation to enable assessment over time (May to December 2015), and are being analysed using a constant comparative method. This paper will present an overview of CLECC and its implementation in this study, together with an overview of methods being used to evaluate its feasibility.

References

BRIDGES, J. & FULLER, A. 2015. Creating Learning Environments for Compassionate Care (CLECC): a programme to promote compassionate care by health and social care teams. *International Journal of Older People Nursing*, 10, 48-58.

MOORE, G. F., AUDREY, S., BARKER, M., BOND, L., BONELL, C., HARDEMAN, W., MOORE, L., O'CATHAIN, A., TINATI, T. & WIGHT, D. 2015. Process evaluation of complex interventions: Medical Research Council guidance. *British Medical Journal*, 350, h1258.

Paper 4

Creating learning environments for compassionate care (CLECC): feasibility of evaluating impact on patient care

Authors

Dr Lisa Gould, Research Fellow, University of Southampton

Professor Peter Griffiths, Professor of Health Services Research, University of Southampton
Hannah Barker, Senior Research Assistant, University of Southampton

Ines Mesa, Statistician, University of Southampton

Dr Ruth Pickering, Medical Statistician, University of Southampton
Professor Jackie Bridges, Professor of Older People's Care, University of Southampton.

Abstract

CLECC is a ward-based practice development programme focused on developing sustainable ward management and team practices that enhance capacity to provide compassionate care (Bridges & Fuller 2015). The introduction of such interventions targeted at supporting the relational work of UK hospital nurses has been accompanied by largely qualitative evaluations which have provided important information about processes of change, and factors influencing change. However, no evaluations to date have enabled a robust assessment of the effectiveness of these interventions on patient care.

Aim: To inform future study design, to assess CLECC's effectiveness on patient care: to assess performance of outcome measures, to assess risk of contamination between clusters, and estimate participation and attrition rates, especially for people with cognitive impairment.

Methods: Procedures for a cluster RCT are being piloted including randomisation of wards to participate in CLECC (n=4) or act as control (n=2). Outcomes being assessed include quality of staff-patient interactions, patient evaluations of care and staff perceptions of empathy. Baseline assessments were undertaken 2 months before intervention (March/April 2015) with follow-up at 8 months post-randomisation.

Baseline Results: Randomisation was acceptable to managers of invited wards and recruitment of wards to study was high (86%). We recruited to target for measuring the quality of staff-patient interactions, with 94% of patients approached agreeing to take part (or took part with consultee advice), and 31% of patients observed with evidence of cognitive impairment. Other questionnaire-based measures performed less well, with low participation rate (39%) by nurses and many patients needing help with completing their questionnaires. We observed evidence of contamination beyond the intervention wards.

Conclusion: Baseline findings indicate that use of experimental design is feasible although design will need to account for contamination beyond participating wards. Observation-based measures appear to have most potential to enable participation by people with cognitive impairment.

References

Bridges, J. & Fuller (2015) Creating learning environments for compassionate care (CLECC): a programme to promote compassionate care by health and social care teams. *International Journal of Older People Nursing* 10(1), 48-58.

Paper 5

Barriers and enablers to implementing complex interventions in acute care: a panel discussion

Authors

Jackie Bridges, Professor of Older People's Care, University of Southampton

Antony Arthur, Professor of Nursing Science, University of East Anglia

Jill Maben, Professor of Nursing Research, King's College London

Abstract

The need to better understand how complex interventions are implemented, their causal effects and the impact of context are increasingly recognized as crucial for policy and practice (Moore et al., 2015). Drawing on findings from two multi-centre studies that explored the feasibility of interventions to support high quality relational hospital care, this panel discussion will consider and explore key contextual factors that can support or inhibit implementation in acute hospital settings. The panel will discuss the challenges of delivering a highly context-relevant intervention within RCTs where intervention standardization and fidelity are key.

Creating Learning Environments for Compassionate Care (CLECC) uses workplace learning theory to promote leadership and team relational practices that enhance the capacity of individual team members to relate to older people (Bridges & Fuller 2015). Mixed methods including interviews with patients, staff and visitors, observations of care, and documentary analysis have been used to explore its implementation and evaluation in nursing teams in two English hospitals.

The CHAT study (Can Healthcare Assistant Training improve the relational care of older people? A development and feasibility study of a complex intervention) focuses on three questions: (1) what are the relational care training needs for HCAs working with older people?; (2) can these needs be met as part of a discreet intervention?; and (3) is it feasible to

test such an intervention in a cluster RCT?. Data from focus groups with older people, interviews with HCAs and staff working with HCAs have informed the development of a new intervention 'Older People's Shoes'.

Panel members are senior investigators drawn from both study teams. Discussions will be chaired by Professor Ruth Harris and will be initiated by a small number of set questions. Audience members will be encouraged to ask questions, and the discussion will conclude with a closing statement from each member.

References

Bridges, J. & Fuller, A. 2015. Creating learning environments for compassionate care (CLECC): a programme to promote compassionate care by health and social care teams. *International Journal of Older People Nursing*, 10, 48-58.

Moore, G. F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O'Cathain, A., Tinati, T. & Wight, D. 2015. Process evaluation of complex interventions: Medical Research Council guidance. *British Medical Journal*, 350, h1258.

Symposium 10:

Time: 1:40pm

Room: Carrick (level 1)

Developing clinical academic careers for nurses

Lead:

Jenny Hiley, *University Hospitals Birmingham NHS Foundation Trust, UK*

This symposium will analyse the development of clinical academic careers for nurses from a range of perspectives: national; organisational and personal. The symposium will first provide an overview of the national context for clinical academic careers for nurses (Paper 1) and then using a case study approach demonstrate how clinical academic careers are 'operationalised' at the level of an NHS Trust and Higher Education Institution (Paper 2). It will next describe the provision of an innovative regional Clinical Academic Internship Programme to meet the research education needs of nurses, midwives, allied health professionals and health care scientists, thus equipping them with the knowledge and skills to undertake their own research (Paper 3). This paper will also outline the initial impact of this programme at an individual, organisational and patient level.

The symposium will then highlight a case example of a nurse, Alison, who undertook the Clinical Academic Internship Programme. It will illustrate how through the support of her university academic supervisors and NHS organisation she successfully received funding to take her research forward in practice (Paper 4). Finally, Alison will also discuss her personal experiences of embarking on a clinical academic career and offer advice to those interested in doing so (Paper 5).

ment and experience (CQC 2015; CQC 2014). Nursing, Midwifery and Allied Health Professional (NMAHP) clinical academics are ideally placed to create and use evidence, facilitate the adoption and spread of best practice, innovation and new technology. There are a substantial number of policy drivers that support the development and sustainability of NMAHP clinical academic roles.

Despite Local and National training opportunities being available, embedding the role within the clinical setting remains a challenge. A substantial number of Local and National initiatives have been developed to overcome a number of identified barriers to promote, support, value and embed the development of NMAHP clinical academic roles.

We will present recently collated evidence of National initiatives that create and support the role development within the healthcare provider setting. These include the development of a building capacity model, an organisation toolkit, including assessment of organisation readiness to develop and support the role, a middle manager resource guide that promotes and maximises clinical support, as well as individual case studies that demonstrate value and impact of NMAHP clinical academic research activity.

References:

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CQC (2014) CQC Annual Report 2013/14
[http://www.cqc.org.uk/search/site/publications?f\[o\]=im_field_publication_type%3A49](http://www.cqc.org.uk/search/site/publications?f[o]=im_field_publication_type%3A49) Accessed 15th November 2015

Paper 2

First steps: starting from 'zero' with the introduction of clinical academic careers

Authors

Dr Amelia Swift, *Senior Lecturer in Nursing, University of Birmingham and NMAHPS Clinical Academic Lead, University Hospitals Birmingham NHS Foundation Trust*; Prof Lorraine Harper, *Professor of Nephrology and Head of Clinical Academic Training, University of Birmingham*; Louise Banks, *Head of Education, University Hospitals Birmingham NHS Foundation Trust*

Abstract

Background: The aspiration to integrate awareness, participation and leadership in research within the non-medical workforce is a national one that is enacted locally. Some NHS Trusts are further along the path than others. This is the story of a relatively young partnership and therefore is about the first steps.

The impetus for the development of clinical academic careers came from Birmingham Health Partners, a collaborative group comprised of the University Hospital Birmingham NHS Foundation Trust, Birmingham Children's Hospital NHS Foundation Trust and the University of Birmingham. The group were successful in establishing a Clinical Academic Internship Programme (CAIP), and making a joint appointment between UHB and UoB to lead non-medical clinical academic development.

Progress to date: At this early stage the team have been able to develop a strategy to develop the NMAHPS clinical academic workforce. The operationalisation of this strategy involves

- Talent spotting
- Communication
- Identification of research priorities
- Creation of multi-disciplinary research groups with members from NHS and HEIs
- Research design support
- Support to identify and apply for external funding
- Educational support for Masters students
- Enabling publication via Writing for Publication workshops and writing groups
- Clinical Academic Internship Programme at pre-Masters level
- Pre-PhD clinical academic bridging programme
- Support for individuals to achieve successful NIHR doctoral fellowship
- Support for an individual to achieve successful NIHR Clinical Lecturer application

Conclusion: The challenges are being able to establish a baseline from which to measure success, identifying meaningful metrics that can be shared nationally and therefore act as a benchmark, and ensuring sustainability. Highlights so far include measurable growth in the proportion of research active staff and observing increasing confidence in the value of research borne of the 'coal face'.

This paper will use the CARE model developed by Radford (2015) as a framework to present our case study of zero to here.

References:

Radford, M and Young, A (2015). Developing nursing, midwifery and AHP research: collaboration for future healthcare improvement. Developing a collaborative research model - CARE Model of Research. Presentation delivered at the UK Association of UK University Hospitals workshop (26th October 2015).

Paper 1

Promoting, supporting, valuing and embedding clinical academic roles within the healthcare provider setting

Authors

Professor Debbie Carrick-Sen, *Florence Nightingale Foundation Clinical Chair in Nursing and Midwifery PhD, MSc, PGCE, RM, RN, University of Birmingham and Heart of England NHS Foundation Trust*

Abstract

The development of clinical academic roles is of National and International interest. There is substantial evidence that confirms that research active healthcare provider organisations have improved patient outcomes, engaged

Paper 3

Feedback on a regional clinical academic internship programme for nurses, midwives, allied health professionals and health care scientists

Authors

Jenny Hiley, Project Lead CAIP, University Hospital Birmingham NHS Foundation Trust; Dr Amelia Swift, Senior Lecturer in Nursing, University of Birmingham and NMAHPS Clinical Academic Lead, University Hospitals Birmingham NHS Foundation Trust

Abstract

Background: The need to increase the research capacity of the health care workforce is illustrated in Paper 1 and highlighted in the recent Shape of Caring Review, which recommends greater research awareness and the key role of nurses in leading and supporting research (Willis, 2015). The expansion of clinical academic careers for non-medical health professionals has been outlined by Health Education England (HEE) (HEE, 2015) and further developed through a new Integrated Clinical Academic Programme (ICAP), which commences with the internship, offering a taster of clinical academia and research (NIHR, 2015).

HEE/Health Education West Midlands (HEWM) funded the delivery of a pilot West Midlands Clinical Academic Internship Programme (CAIP) for nurses, midwives, allied health professionals and health care scientists who were interested in embarking on a clinical academic career and undertaking their own research. This paper describes the programme and highlights initial findings following an independent evaluation.

Methods: The regional CAIP provides staff with the knowledge and skills to undertake their own research, through the provision of a taught programme, research placements and the support of an academic supervisor. An independent evaluation of the programme combined pre and post programme questionnaires and interviews.

Results: Initial evaluation findings reported that interns enjoyed participating in the pilot programme, although some challenges were noted including balancing clinical and internship work. Feedback from employers has highlighted that participation on the internship has helped to increase staff confidence and raise awareness of research in the workplace.

Conclusion: A longitudinal evaluation is planned with the interns post programme to ascertain the impact of the internship on their clinical academic career development. Further funding from HEE/HEWM in the past year has enabled the launch of two additional internships and a Pre-PhD Preparation Programme. A

personal insight into the internship is outlined in Paper 4.

References:

- Health Education England (HEE) (2015). Clinical Academic Careers Framework: A framework for optimising clinical academic careers across health care professions. (HEE Online). Available at: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/07/2014-12-CAC-Framework-21-1-15.pdf> (accessed 1 Feb 2015)
- National Institute of Health Research (NIHR) (2015). HEE/NIHR Integrated Clinical Academic Programme (ICAP) for non-medical health care profession. (NIHR Online). Available at: <http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm> (accessed 10 November 2015)
- Willis P (2015). Raising the Bar. The Shape of Caring: A review of the future Education and training of registered nurses and care assistants. (HEE Online). Available at: <http://tinyurl.com/q8wrtv> (accessed 10 November 2015)

Paper 4

Developing clinical academic careers: A case example from public health nursing

Authors

Dr Maria Clark, Lecturer in Nursing, University of Birmingham; Alison Lewis, Family Nurse, South Warwickshire Foundation NHS Trust; Dr Caroline Bradbury-Jones, Reader in Nursing, University of Birmingham

Abstract

Background: For the past year, two of the presenters (CB-J & MC) have been undertaking preparatory work to support a funding application for a research study into the health impacts of young people's use of sexualised self-images; a considerable issue regarding risk and safety (Crown 2014, Doring 2014). In the beginning of 2014, they were seeking ways of turning ideas into action. At this time AL had finished a Clinical Academic Internship Programme and was keen to gain some research experience. All presenters share a clinical background in health visiting.

Methods: As a way of addressing both these needs, AL began to work voluntarily, with the support of her NHS employer, with CB-J and MC within a School of Nursing context. She was supported to develop a research proposal that related directly to her practice area regarding health visiting practice in identifying and responding to contemporary public health needs (Appleton & Cowley 2008). The study was entitled: 'Public health nurses' knowledge and confidence in promoting positive sexual health

of young people who use technology to share self-images'.

Results: The grant was successful and AL now embarks on her first venture working on a funded research project within an academic environment. As a novice researcher AL will have the opportunity to develop her repertoire of research skills, and experience all stages of the research process, from proposal preparation, data collection and analysis through to co-production of scholarly papers, seminars and conferences.

Conclusions: In this presentation we will explore the benefits and challenges of co-working within a clinical academic career framework. Particularly we will focus on steps to success, so that those attending the symposium can learn from our process model of working. The individual experiences of AL in developing her clinical academic career will be explored in a separate paper.

References:

- Appleton JV, Cowley S (2008). Health visiting assessment – unpacking critical attributes in health visitor needs assessment practice: A case study. *International Journal of Nursing Studies*, 45(2), 232-245.
- Crown H (2014). Do you feel confident tackling the issue of sexting with students? *British Journal of School Nursing* vol9 issue 4 p 190-194
- Doring N (2014). Consensual sexting among adolescents: Risk prevention through abstinence education or safer sexting. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace* 8(1) article 9 doi: 105817/CP2014 1

Paper 5

My early experiences of a clinical academic career

Author

Alison Lewis, Family Nurse, South Warwickshire Foundation NHS Trust

Abstract

Background: For the past five years I have been working as a family nurse within Family Nurse Partnership. I have always been interested in clinical research and in July 2014 was lucky enough to secure a place on the first cohort of the West Midlands Clinical Academic Internship Programme (CAIP) (National Institute of Health Research, 2015; HEE, 2015). I hoped that the internship would allow me to experience first-hand academic research in order to discover whether this was the route I wanted to undertake with my career.

Methods: The programme allowed me to have time out from my role and immerse myself within the research world. The taught component introduced us to a number of academics who gave us a realistic picture of the life of a researcher. The

placements gave insight into large-scale international research projects and the support of an academic supervisor enabled me to produce a literature review and propose a research question to explore further.

Results: From the internship, I identified that I would like to work alongside an established research team. My supervisor arranged for me to meet up with two nurse academics (health visiting clinical background) who are actively undertaking health research at University of Birmingham. We quickly established common areas of interest and have been successful in attracting funding for a small research project entitled 'Public health nurses' knowledge and confidence in promoting positive sexual health of young people who use technologies to share self-images'.

Conclusion: In the presentation I will discuss the implications of undertaking the CAIP as a clinician - namely time management and caseload pressures but how the exposure to highly regarded and experienced academics, keen to support and encourage us non-medical clinicians is second to none and an experience not to be missed.

References:

National Institute of Health Research (NIHR) (2015). HEE/NIHR Integrated Clinical Academic Programme (ICAP) for non-medical health care profession. (NIHR Online). Available at: <http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm> (accessed 10 November 2015)

Health Education England (HEE) (2015). (HEE Online). Internships. Available at <http://hee.nhs.uk/work-programmes/clinical-academic-careers/internships/> (accessed 10 November 2015)

Symposium 11:

Time: 1:40pm

Room: Harris 1 (level 1)

Critical perspectives on doctoral education in nursing: an international analysis of contexts, models, processes and outputs

Lead: Dr Colin Macduff, Reader, RGU, Aberdeen, UK

This symposium is comprised of a series of four papers that seeks to provide a critical analysis of the international context, models, processes and outputs for doctoral education in nursing. This will seek to develop and engage overall discussion on the challenges that exist, seeking to agree consensus and possible actions to overcome the challenges.

Paper 1 draws on Prof McIlpatrick's knowledge of the global landscape based on her experience as President of the International Network for Doctoral Education in Nursing. It will set the scene by giving overview of trends and influencing factors. Paper 2 draws on Prof McCormack's knowledge of different international models of doctoral education by analysing these and comparing their nature and scope. Wider implications will be explored. Paper 3 addresses the issue of quality by reporting key findings from a recent international study of the quality of doctoral nursing education in seven different countries. This will provide insights into characteristic processes around the world and offer recommendations for development. Finally Paper 4 will address the neglected topic of the outputs of doctoral education in nursing - theses and dissertations. With the advent of electronic theses and dissertations (ETDs), there are major opportunities for scholars. Dr Macduff will report on recent research studies into nursing's engagement with ETDs, highlighting the need for much greater awareness of these resources. A new initiative in this field - the International Network for Electronic Theses and Dissertations in Nursing (INETDIN) will be explained.

Taken together these papers will give overview of, and insights into, the global scene, providing a platform for discussion and debate.

Paper 1

Global context: Examining the changing landscape for doctoral education in nursing.

Authors

Professor Sonja McIlpatrick, UK

Abstract

Globally over the last decade there have been significant changes in doctoral education in general and specifically within nursing. There are many drivers for these changes including increased globalisation, mobility; technological advances; alongside demands to ensure employability for global market (EUA, 2015). The question remains however, what are the implications of such a landscape for the future of nursing doctoral education? In this paper the author examines the trends and factors that are influencing the changes, providing a background that serves as a context for identifying the most compelling issues and concerns for nursing doctoral education.

Whilst there has been a rapid and progressive increase in the number of nursing doctoral education programmes in the world from 286 in 2005 to 333 in 2012 (Ketefian et al. 2005, International Network for Doctoral Education in Nursing (INDEN) 2012); questions around the international context remain. This proposed paper seeks to set the international context, outline the changing landscape and provide a critical analysis of the implications for doctoral education for nursing. This analysis will take place within the context of the, International Network for Doctoral Education in Nursing (INDEN), a non-profit professional association dedicated to the advancement of quality doctoral nursing education globally. The key objectives for INDEN are to: foster ongoing global networking and professional advancement; promote curriculum development, enhancement, and program evaluation and encourage collaborative research, educational initiatives, and the dissemination of innovation in doctoral nursing education.

References:

European University Association (2014) Doctoral Education: the shape of things to come <http://www.eua.be/activities-services/cde/the-shape-things-to-come.aspx>

International Network for Doctoral Education in Nursing (INDEN) (2012) Directory of international doctoral programs. Retrieved from <http://nursing.jhu.edu/excellence/inden/programs.html> on 12 September 2012.

Ketefian S., Davidson P., Daly J., Chang E. & Srisuphan W. (2005) Issues and challenges in international doctoral education in nursing. *Nursing & Health Sciences* 7(3), 150-156.

Paper 2

Innovative models for doctoral education in nursing

Author

Professor Brendan McCormack, UK

Abstract

Global challenges over the last decade have resulted in a 'knowledge based economy', where research and doctoral education can no longer be regarded as 'disinterested pursuit of knowledge' but rather needs to generate new knowledge that provides an important strategic resource for a country's economy (EUA, 2015). This has resulted in the need to develop new and innovative approaches to doctoral education. Tinker and Jackson (2004) suggest that 'In terms of the academy, the PhD [or doctorate] is the highest formal qualification'.

However, different approaches and models for doctoral education exist globally, recognising the need to consider aspects such as pre-PhD training preparation, innovative curricula, faculty scholarship and teaching approaches, and wider development of research skills and employability. Within the UK and Europe the traditional apprenticeship model of doctoral education exists. This is where the focus is on the doctoral thesis, which can be considered as a monograph, outlining clearly their contribution to knowledge in their field. Questions exist however regarding the currency and applicability of traditional models of education, especially in light of the changing landscape outlined previously and the increased focus on professional doctorates, taught doctorates, Doctorate in Nursing programmes and 'Capstone Projects'. Such questions and debate were recently highlighted in the Times Higher, with an article by Jump (2015) entitled: 'PhD: is the doctoral thesis obsolete?'

This paper will provide an analysis of different models seeking to compare what could be considered a more traditional apprenticeship model, with structured integrated models that exist in Europe and the USA. The development of professional, taught and structured models of doctoral education will be explored and compared and contrasted with the traditional apprenticeship model. Wider implications for nursing will be outlined. (280 words)

References:

- European University Association (2014) Doctoral Education: the shape of things to come <http://www.eua.be/activities-services/cde/the-shape-things-to-come.aspx>
- Jump (2015) PHD: is the doctoral thesis obsolete? <https://www.timeshighereducation.co.uk/features/phd-is-the-doctoral-thesis-obsolete/2020255.article>
- Tinker, P and Jackson, C (2004) The Doctoral Examination Process. Maidenhead: Society for

Research into Higher Education and Open University Press

Paper 3

Quality indicators for nursing doctoral education

Authors

Dr Claire McAuley, UK

Abstract

Questions and concerns around the quality of doctoral education in nursing exist. Whilst global quality standards, criteria and indicators for nursing doctoral programmes, focused on key elements such as the research environment; quality of PhD programme; quality of supervision and quality of thesis examination have been developed (Kim et al, 2006), questions still exist around the overall global quality of nursing doctoral programmes. Furthermore a lack of comparative evaluation of global quality of nursing doctoral education has been reported (Kim et al, 2015).

This paper will draw on the findings of the quality of nursing doctoral education survey across seven countries and discuss the strategic directions for improving quality. This study examined data collected from 2007-2010 from nursing schools in seven countries: Australia, Japan, Korea, South Africa, Thailand, UK and USA. The quality of nursing doctoral education was evaluated using four domains: Programme, Faculty (referring to academic staff), Resource and Evaluation. The perceptions of faculty and students/graduates about the quality of nursing doctoral education across the seven countries were mostly favourable on all four domains. The faculty domain had the greatest importance for quality, followed by the programme domain. However, the importance of the resource domain gained significance as the overall quality of nursing doctoral education increased. These findings raise interesting questions and debate for future strategic developments for nursing doctoral education. These include: the need to develop educational policy that strengthens the faculty and programme domains in nursing schools worldwide; the need to develop strategies to improve the quality of nursing doctoral education at a global level; the potential of the tool to be used as a standard instrument to allow researchers to continue and compare across countries. (279 words)

References:

- Kim M.J., McKenna H.P. & Ketefian S. (2006) Global quality criteria, standards and indicators for doctoral programs in nursing; literature review and guideline development. International Journal of Nursing Studies 43(4), 477-489.
- Kim, MJ Park,GC McKenna H , Ketefian S Park SH , KloppeH, Lee H , Kunaviktikul W, Gregg M F Daly J , Coetzee S , Juntasopeepun P,

Murashima S, Keeney S & Khan S (2015) Quality of nursing doctoral education in seven countries: survey of faculty and students/graduates. Journal of Advanced Nursing 71 (5): 959-1194

Paper 4

What do we know about the outputs of doctoral education in nursing?

Authors

Dr Colin Macduff, UK

Abstract

During the period of over 50 years that doctoral education in nursing has been growing internationally, research and critical reflection have focused primarily on the nature, scope and quality of provision processes within and across countries (e.g. Kim et al 2015). Within this context it is striking how little research and critical reflection have been undertaken to consider the nature, scope and quality of doctoral outputs within and across countries. MacVicar and Caan's UK study (2005) is one of very few that even attempts categorisation in this area.

The proposed paper seeks to critically address the above issue through the lens of recent international work examining nursing's engagement with its electronic theses and dissertations (ETDs). The latter outputs have become numerous with electronic submission becoming a widespread requirement, and local, national and international web based repositories and portals often offering open access to these products. However findings from studies of nurse scholars in the UK, USA, Australia and New Zealand (Goodfellow et al 2012) suggest that nurse scholars have very limited awareness of these and lack skills for locating them.

As such, the paper will argue that nursing is currently unable to satisfactorily gauge the nature and scope of its doctoral outputs, nevermind assay their comparative or collective quality. Accordingly, in the final part of the paper, the presenter will explain a new initiative to promote nursing's engagement with ETDs, the International Network for Electronic Theses and Dissertations in Nursing (INETDIN). The network has recently initiated a website (www.inetdin.net) that provides key information for accessing and constructing electronic theses and dissertations, and offers a basis for advancing research to address this major knowledge gap.

References:

- Goodfellow, L; Macduff, C; Leslie, G; Copeland, S; Nolfi, D; Blackwood, D (2012) 'Nurse Scholars' Knowledge and Use of Electronic Theses and Dissertations' International Nursing Review 59, 511-518

Kim, MJ Park, GC McKenna H, Ketefian S Park SH, Kloppe H, Lee H, Kunaviktikul W, Gregg M F Daly J, Coetzee S, Juntasopeepun P, Murashima S, Keeney S & Khan S (2015) Quality of nursing doctoral education in seven countries: survey of faculty and students/graduates. *Journal of Advanced Nursing* 71 (5): 959-1194

McVicar, A and Caan, W (2005) Research capability in doctoral training: evidence for increased diversity of skills in nursing research. *Journal of Research in Nursing* 10 (6) pp 627-646

Symposium 12:

Time: 1:40pm

Room: Harris 2 (level 1)

Family Nurse Partnership in the UK - evidence, experience and adaption

Lead:

*Dr Julia Sanders, Reader in Midwifery/
Consultant Midwife, Cardiff University, UK*

The Family Nurse Partnership (FNP) programme is a licensed intensive home visiting intervention developed in the US and launched in England in 2007. A Cardiff University team published results in October 2015 from Building Blocks (ISRCTN23019866, the largest trial conducted to date testing the effectiveness of this intervention.

The Building Blocks trial represented one of the largest and most complex trials of a nursing intervention ever undertaken and was commissioned in England amongst a background of genuine and high expectations that the FNP programme would result in measurable improvements for FNP clients and their children. The trial demonstrated the committed work of Family Nurses and the high regard with which Family Nurses are viewed by their clients. Despite the success in the delivery of FNP, the overall trial results were disappointing. Several outcomes of policy importance were not influenced by the addition of FNP to care normally provided to women. The trial demonstrated high levels of underlying smoking, domestic abuse and repeat pregnancies amongst participants, indicating ongoing unmet health and social needs, and the need for this client group to remain a priority within early years' policy.

The results of the Building Blocks trial will be presented, with a particular emphasis on possible explanatory factors for the unexpected findings. The trial results presented a challenge to the FNP central team who have responsibility for the training of Family Nurses in the UK and support to all local sites. The FNP National unit are committed to using the trial results to further understand and adapt the programme to meet the needs of FNP clients in the UK and their response will be presented and explored.

Paper 1

Evaluating the Family Nurse Partnership (FNP) Programme in England

Author

Dr Julia Sanders, UK

Abstract

Introduction: Supporting teenage mothers is a UK policy priority. The (FNP) Programme provides intensive support to young mothers in selected areas of the UK. FNP consists of structured regular home visits by Family Nurses during pregnancy and until the child's second birthday. Building Blocks was a RCT which investigated the effectiveness of offering FNP, in addition to usual care, at 18 sites in England.

Method: Participants were nulliparous, under 20 and recruited before 25 weeks gestation. Data were collected at baseline, late pregnancy and at 6, 12, 18 and 24 months postpartum. Primary outcomes were tobacco use at late pregnancy, birth weight, subsequent pregnancy by two years postpartum and emergency hospital episodes for the child. Secondary outcomes included measures of pregnancy and birth, child health and development, and parental life course.

Results: The study recruited 1645 women between June 2009 and July 2010. FNP clients reported the programme enjoyable, helpful and supportive and received an average of 39 FNP programme visits.

The use of routinely collected data enabled high levels of follow-up. FNP was no more effective than routinely available healthcare in influencing the four primary outcomes. Mothers allocated to FNP reported improved language development in their child at 12, 18 and 24 months, and were less likely to report signs of developmental delay at 24 months compared to mothers offered usual care.

Conclusion: Our trial found there was little advantage to adding FNP to existing health service provision in England and was not cost-effective from the perspective of maternal outcomes. There was some benefit for the child by their second birthday, although evidence for child health and development outcomes would mainly arise in children after the age of two and longer-term follow-up is therefore required for this outcome.

ISRCTN23019866

Reference:

Robling M, et al. The effect of an intensive nurse home-visiting programme for first-time teenage mothers on maternal and child outcomes to aged two: a pragmatic individually randomised controlled trial (Building Blocks). *The Lancet In Press*

Paper 2

Understanding how the Family Nurse Partnership (FNP) may better influence smoking in pregnancy and subsequent pregnancies

Author

Keira Lowther, UK

Abstract

Background: Following the finding that FNP was no more effective than routine services in reducing smoking during pregnancy, or avoidance of a subsequent pregnancy within two years of birth, the FNP National Unit made a commitment to understanding these results in more depth.

Method: We reviewed literature for interventions with evidence of effectiveness in smoking cessation and avoidance of subsequent pregnancies, conducted group interviews with FNP sites by telephone, purposively selecting sites with the highest and lowest prevalence of the two outcomes, and conducted content analysis of the findings.

Results: Literature described how professionals are sometimes hesitant to discuss smoking in pregnancy but that counselling, feedback, social support and incentives can help.

The group interviews found that barriers to a successful quit attempt are environmental, social, emotional and informational.

The literature described consistent associations between short pregnancy intervals and preterm birth. Parenting is sometimes affected, with a short inter-birth interval being associated with neglectful parenting and poor warmth toward the first child.

The evidence is consistent that long-acting reversible contraceptives are associated with increased birth spacing. The FNP teams were clearly divided between planned and unplanned pregnancies. Unplanned pregnancies were blamed on chaotic lifestyles and reduced by good access to contraception. Planned pregnancies were due to a new partner, safeguarding concerns, successful motherhood experience, intentional planning to return to work after having a closely spaced family and cultural pressures.

Discussion: At the FNP National Unit, we're taking the RCT findings seriously to plan what our next steps should be. Whilst there are several approaches with proven effectiveness to support women to reduce smoking in pregnancy, and reduce rapid subsequent pregnancies, supporting young mums to achieve these goals is complex: socially, emotionally and culturally.

Paper 3

Adaptive clinical practice: transferable learning from Group FNP

Author

Mary Griffiths, UK

Abstract:

Group FNP has been developed as a variant of Family Nurse Partnership over the past six years and is currently the subject of a randomised controlled trial. Group FNP shares many model elements with FNP and is focused on improving maternal outcomes, maximising child's developmental potential and increasing parents' self-sufficiency. This programme is aimed at low resource women not eligible for FNP and their partners, promoting sensitive attuned parenting, positive choice-making and behaviour modification for the participants. Pregnancy care is delivered in group by a midwife with a focus on self-care and learning together, based on the CentringPregnancy® model.

Family nurses mostly work with women on a one to one basis, developing facilitative therapeutic relationships as the basis for client learning, exploring, behaviour adaptation and change. Clinical practice is supported by a crafted learning programme, regular supervision and ongoing skills practice that enables effective delivery of the programme content, skills that are augmented for the delivery of Group FNP. Group FNP eligibility criteria target women who are comparatively low achievers, have poorly developed inter-personal skills and other social disadvantages. Skilful group leadership enables participants to derive significant personal value and learning through sharing and exploring their pregnancy and parenting experience and understanding of their child's development, increasing their self-efficacy and confidence through mutual interest and encouragement and more mature social interactions.

Development of Group FNP over four phases has offered substantial learning and insight that has enriched nurses' one to one FNP practice and has potential relevance for other areas of clinical practice for example ongoing effective engagement, motivational interviewing in groups, clinical supervision. This presentation will explore Group FNP - the opportunities, challenges and particularly the transferable skills for nurses and midwives undertaking intensive group work with new parents.

References

Barnes, J & Henderson, J (2012) Summary of the formative evaluation of the first phase of the group based Family Nurse Partnership programme. Department of Health <https://www.wp.dh.gov.uk/publications/files/2012/08/GFNP-PHASE-1-Evaluation-Summary-report-FINAL-for-PUBLICATION.pdf>

Barnes, J et al. *Trials* 2013, 14:285 <http://www.trialsjournal.com/content/14/1/285>

Rising SS, Kennedy HP, Klima CS (2004) Redesigning prenatal care through Centering Pregnancy. *Journal of Midwifery and Women's Health* 49(5): 398-404 cited in Gaudion, A (2011) op cit

Paper 4

Successful engagement with first time teen mothers during pregnancy and their child's first years: The case of the Family Nurse Partnership Programme

Author

Ruth Rothman, UK

Abstract

One of the key aspects of delivery of the Family Nurse Partnership (FNP) programme is focusing on the concept of engagement. The recent randomised control trial of FNP in England showed high levels of engagement and low attrition from the life of the programme (over 2.5 years) with a client group that is typically described as 'hard to reach'.

Family nurses and supervisors understand that client engagement requires constant attention as engagement is not a linear concept. In addition to successfully achieve the many goals of the programme, family nurses need to enable clients to engage in a number of modes;

With the nurse and their relationship

With the programme content and learning

With making positive decisions and choices as well as changes in behaviours

This session will explore the concept of engagement, based on the learning from FNP, how this can be further developed to increase the impact of the FNP programme and how it can be used to support other services in engaging with similar groups.

Symposium 13:

Time: 1:40pm

Room: Ochil (level 1)

Promoting patient safety: International and intersectoral approaches to pressure injury prevention

Lead: Professor Debra Jackson, Oxford Institute of Nursing and Allied Health Research, Oxford Brookes University, Oxford University Hospitals NHS Foundation Trust, UK

Pressure injury (PI) remains a major cause of patient harm nationally and internationally. Individuals experiencing hospital-acquired PI are known to have higher mortality, both within hospital and within 30 days of discharge. Additionally, while there is compelling evidence that PI occurs outside of hospital and residential care settings, most prevalence studies and evaluations are hospital-based. We argue the need for a more collaborative approach to conducting research about PI prevention and management across a range of clinical contexts. This symposium will focus on the importance of international and intersectoral approaches to better understanding the overt and subtle factors that contribute to PI across care settings.

Presentation one focuses on the findings of a critical analysis of significant international policy documents aimed at preventing and managing PI and highlights the current narrow interpretations of patient harm, and reveals areas that urgently need addressing if we are to successfully eradicate PI as a significant cause of harm to individuals.

Presentation two describes the formation of OxPIP, an intersectoral group of clinical and academic nurses, quality improvement champions and patient representatives intent on reducing patient PI in hospital and community settings through collaborative research-based practice change.

Presentation three will focus on how the incidence of PI can be reduced across both community and acute hospital settings through the systematic application of skin care bundles.

Presentation four will critically explore the current level of patient involvement in the prevention and management of PI. In this presentation we will argue that new models of patient-informed active pressure injury prevention (PIAIP) are required to ensure that patients at risk of being harmed by PI are better informed and enabled to be more active partners in the prevention of these avoidable injuries.

Paper 1

Towards a new agenda in pressure injury prevention: perspectives on international pressure injury policy

Authors:

Graeme D Smith (Edinburgh Napier University Edinburgh, UK), William Li (The University of Hong Kong, Hong Kong), Debra Jackson (Oxford University Hospitals NHS Foundation Trust and Oxford Brookes University), Marie Hutchinson (Southern Cross University, Australia), Susan Barnason (University of Nebraska Medical Centre, USA), Judy Mannix (Western Sydney University, Australia), Stephen Neville (Auckland University of Technology, New Zealand), Donella Piper (University of New England, Australia), Tamara Power (University of Technology, Sydney, Australia), Kim Usher (University of New England, Australia).

Abstract

Background: Pressure injuries (PI) are associated with significant harm to patients, and carry economic consequences for the health sector. Internationally, preventing and managing PI is a key nursing activity and quality indicator.

Aim: To analyse influential policies that inform practice related to PI management in Australia, England, Hong Kong, New Zealand, Scotland, and the United States of America.

Methods: Narrative review and synthesis of PI policies that inform practice.

Results: Seven national-level policy or standards documents and associated practice guidelines were identified. Primarily, the policies aim to summarise extant evidence and provide guidance on the prevention and management of PI. The goals of the policies almost exclusively focus upon PI risk assessment, nutritional assessment and intervention for those at risk, relief or redistribution of pressure, and optimal wound management. A number are predominantly focused upon treatment approaches, with far less attention given to prevention.

Discussion: The prime focus of policy is on patient risk assessment, compliance with documentation and pressure relief. Financial penalty for institutions is emerging as a strategy where pressure injuries occur. Comparisons of prevalence rates are hampered by the lack of consensus on data collection and reporting. To date there has been little evaluation of policy implementation and implemented policy strategies, and associated guidelines continuing to be founded upon expert opinion and low-level evidence.

Conclusions: The PI policy agenda has fostered a discourse of attention to incidents, compliance and penalty (sanctions). Prevention and intervention strategies are informed by technical and biomedical interpretations of patient risk and harm, with little attention given to the nature or

design of nursing work. Considerable challenges remain if this policy agenda is to successfully eliminate PI as a source of patient harm.

Paper 2

Developing an intersectoral program of research to prevent pressure injury: the OxPIP collaboration experience

Authors:

Cindy Whitbread (Oxford Health NHS Foundation Trust, Oxford Academic Health Science Centre), Debra Jackson (Oxford University Hospitals NHS Foundation Trust and Oxford Brookes University); Jill Bailey (Oxford Health NHS Foundation Trust, Oxford Academic Health Science Centre); Sally Beer (Oxford University Hospitals NHS Foundation Trust), Ria Betteridge (Oxford University Hospitals NHS Foundation Trust), Sarah Baines (Oxford Health NHS Foundation Trust), Sarah Gardner (Oxford Health NHS Foundation Trust), Marie Hutchinson (Southern Cross University, Australia); Stephen Neville (Auckland University of Technology, New Zealand); Helen Walshall, (Oxford Brookes University); Kim Usher (University of New England, Australia).

Abstract

Background: Pressure injury (PI) can occur in a number of contexts, meaning preventative interventions and treatments need to be adaptive across a wide range of community and acute settings. This requires organisational and individual change and a commitment to effective delivery (NICE 2014). Health care service providers in and around Oxford (UK) strive for clinical excellence and aim to work in partnership with patients, carers and local communities. These working partnerships are complemented by collaborating with universities, health services, private sector organisations and voluntary groups. Nevertheless, PI continues to be problematic, causing pain and distress to patients, and a burden to the health service (Cullen Gill 2015; Baldelli 2008).

Aim: This paper introduces the Oxford Pressure Injury Project (OxPIP), an intersectoral collaboration with the specific aim to reduce PI across both hospital and community settings. To achieve this aim the OxPIP Collaboration is analysing current policy and evidence-based practice involving the prevention of pressure damage and undertaking research to determine patient need across settings. The OxPIP Collaboration brings together experienced clinicians and academics, patient representatives and quality improvement champions. Group members are located in different sectors and include some international advisors. The group

meets monthly and communicates frequently to maintain momentum.

Conclusion: The OxPIP Collaboration is building a comprehensive knowledge base of PI prevention and treatment, patterns of service use, and adequacy of service provision across communities, all of which inform strategies to reduce the occurrence of PI. Through OxPIP, activities a comprehensive account of the prevalence and nature of PI across differing sectors is being ascertained, providing a real opportunity to understand how services can promote PI prevention across various hospital and community health settings.

References:

- Baldeli, P. (2008) 'Creation and Implementation of a Pressure Ulcer Prevention Bundle Improves Patient Outcomes', *American Journal of Medical Quality*, 23 (2) pp 136 - 142
- Cullen Gill, E. (2015) Reducing hospital acquired pressure ulcers in intensive care', *British Medical Journal Quality Improvement Reports*. Available at: www.bmjquality.u205599.w3015
- National Institute for Clinical Excellence (NICE) (2014) Clinical Guideline 179. Pressure ulcer prevention. The prevention and management of pressure ulcers in primary and secondary care. Available at:

Paper 3

Implementation of a skin care bundle to prevent pressure injury: experiences from the front line

Authors:

Ria Betteridge and Sarah Gardner

Abstract

Background: Pressure ulcers are a significant source of morbidity and mortality in the NHS and have been estimated to cost up to £2.1 billion every year (Bennett et al. 2004). Recognised care interventions such as skin inspection, repositioning, continence management, nutritional support and care on an appropriate surface need to be implemented consistently in order to improve outcomes and reduce pressure injury (PI) risk. When used collectively, these components form a skin care bundle, a set of evidence-based interventions that, when implemented together, are more effective in improving outcomes than when implemented individually (Resar et al. 2012).

Aim: To reduce acquired PI across provider services.

Method: Using agreed terminology and a Quality Improvement (QI) methodology, sites from both community and acute care settings were selected to test the effectiveness of skin care bundles in reducing the incidence of PI.

Results: Early results indicate a positive impact on patient outcomes, with fewer incidents of acquired PI in both community and acute settings.

Discussion: Individuals within community settings may interface with a diverse range of care providers that can be a challenge to continuity of holistic care. Much of the existing evidence around implementation of skin care bundles involves interventions in acute settings. Importantly, this project provides much needed evidence of this intervention's effectiveness in community settings, and highlights the need for multiservice/agency education and training to reduce PI, especially in community settings.

Conclusions: The implementation of skin care bundles in areas where patient contact is limited highlights the importance of patient and carer education. There is a need for a continued collaborative approach to PI prevention to improve processes and streamline communication. Using evidence-based QI empowers teams to take ownership and can facilitate safer care.

References:

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Paper 4

Towards patient-informed active pressure injury prevention: articulating the way ahead

Authors:

Debra Jackson (Oxford University Hospitals NHS Foundation Trust and Oxford Brookes University); Marie Hutchinson (Southern Cross University, Australia).

Abstract

Background: Even though attention has been given to actively involving patients in their own care, active involvement of patients in preventing adverse events and injury remains poorly theorised. Current preventive frameworks for pressure injury (PI) frame patients as passive care recipients, with attention primarily focused upon monitoring, guiding clinicians and improving technical aspects of care delivery.

Aims: This presentation will provide a critical reflection on patient-informed active pressure injury prevention (PIAIP) and identify directions for future research.

Methods: A conceptual and literature based analysis.

Results: Evidence supports that active patient involvement can reduce adverse events and patient safety incidents (Agoritsas et al. 2015; Weingart et al. 2011). Yet, the patient role in PI prevention remains passive, with benevolent professional interpretations of patient contributions commonplace. Safety frameworks based upon increased monitoring and regulation of nursing work, alongside passive patient engagement will not eliminate PI (Braithwaite et al. 2015). Suggestions for strengthening PIAIP theorising, interventions and measurement will be presented.

Discussion: The elimination of PI remains resistant to routine interventions, and improvements when made are difficult to sustain. Developing opportunities for effective patient informed partnership remains a challenge. Active patient involvement in PI prevention, which is sensitive to the nuances and complexities of clinical work are required. To be successful this will require a major refocus of current approaches to prevention and a more nuanced insight into risk factors.

Conclusions: New models of PIAIP must harness patient and nursing knowledge to purposefully focus upon how safer care environments can be enabled and strategies for PI prevention made more effective.

References.

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- Braithwaite, J., Wears, R. L., & Hollnagel, E. (2015). Resilient health care: turning patient safety on its head. *International Journal for Quality in Health Care*, mzv063.
- Weingart, S. N., Zhu, J., Chiappetta, L., Stuver, S. O., Schneider, E. C., Epstein, A. M., . . . Weissman, J. S. (2011). Hospitalized patients' participation and its impact on quality of care and patient safety. *International Journal for Quality in Health Care*, 23(3), 269-277. doi: 10.1093/intqhc/mzr002

Symposium 14:

Time: 1:40pm

Room: Kilsyth (level o)

Photovoice - using research to allow the voices of potentially marginalised groups to reach policymakers

Lead: Dr Sarah Rhynas, University of Edinburgh, UK

As an emerging methodology, photovoice has much to offer healthcare research, specifically around the direct engagement with politicians and policymakers. These 4 papers bring together experience from a range of projects, to explore how the voices of potentially marginalised groups can be heard and understood by policymakers.

Paper one shows how photovoice can facilitate increased disclosure and engagement with the research process, allowing potentially marginalised mental health service-users to engage with innovative visual methodologies. The second paper draws on two projects to debate the co-production of findings and the negotiating of voice in photovoice research. This paper questions the roles of participants and researchers, debating how personal narratives and the analytic lens of the researcher can combine to produce robust research findings.

Paper three offers a different example of engaging with challenging research populations. The paper demonstrates how photovoice can be used as a personal reflection tool, allowing participants to contribute personal insights to the research in a striking, visual way. Modifying photovoice to work individually then contribute to findings through thematic analysis offers a useful way of thinking about participants' voices in the research process.

The final paper explores one of the key goals of photovoice - the process of engaging with politicians and policymakers. Experience from research with those recovering from alcohol-related harm is used as an example of how political and policymaker engagement can be maximised through the use of different approaches and opportunities, ensuring that audience-appropriate key messages are clearly articulated.

Together these papers consider the photovoice trajectory from participant recruitment to policymaker engagement and highlights debates around the roles of participants and researchers throughout. This symposium seeks to explore some of the issues and challenges in using this innovative approach in a way which is empowering to participants and effective in communicating research to policymakers.

Paper 1

Therapeutic photography and photovoice in mental health services

Author
Neil Gibson, UK

Abstract

The Mental Health Strategy 2012-15, published by the Scottish Government, calls for peer to peer work to be embedded in mental health practice, as well as addressing self-management and self-help approaches. Often, service users experiencing mental health issues are reluctant to speak openly about issues because of stigma, fear, and discrimination. In recognition of this, services may need to assess how they engage with service users, and how information can be gleaned in a more effective manner.

A six week photography intervention was conducted with 8 service users from a mental health support group in the North East of Scotland. The intervention was termed 'Therapeutic Photography' and participants were encouraged to photograph around the themes of self-portraits, relationships, emotions, personal narratives, and their immediate environment, before culminating in a photovoice project which the group defined.

Observations were recorded throughout the six week project, photographs were collated, and a focus group conducted to ascertain the impact of participation. Data was analysed using ethnography and interpretive phenomenological analysis to study the ways in which participants interacted with photography, and to identify common themes in areas which participants chose to explore.

The results suggest that using photography as an intervention with groups encouraged a high degree of self-disclosure which, in turn, generated considerable support from peers. The participants exercised control over the information they shared and learned from one another that they were facing similar issues. Some participants reported increased positive feelings about themselves and the photovoice exercise was used to explore the theme of 'my safe space' which drew out a common theme of coping strategies and warning signs which all of the group identified with.

Paper 2

Negotiating 'voice' in photovoice research

Author
Dr Sarah J Rhynas, UK

Abstract

Background: Experience of two research projects with groups who have experienced alcohol-related harm has demonstrated that participants engage with photovoice in different ways. Some participants identify as part of a group with clear messages and a voice waiting to be heard. Others participate individually, unaware that they can contribute to a wider debate or have a voice which policymakers could learn from. This paper explores the challenges for researchers in facilitating the voice of participants, setting groundrules for participatory research and taking the messages beyond a personal narrative to influence wider debate.

Findings/Experiences: Individuals with alcohol-related brain damage (ARBD) participated in a photovoice study, producing photographs and accompanying narrative about their lives and experiences, facilitated by a creative writer. Analysis of the narratives and participants' explanations of their photos allowed researchers insights which shaped research findings. In a second project with a group recovering from alcohol related harm, participants took independent ownership of their narratives, clear from the start about the story that they wanted to tell and the importance of their message.

Discussion: Photovoice can facilitate research involvement by potentially marginalised groups. Negotiation and agreement is required to establish the way in which research findings will be co-produced between participants and researchers with the necessary support to facilitate this process. Both participants and researchers can learn from each other, debating experiences, literature and engaging in two-way analysis. True co-production of findings can result in a voice which is personally resonant to participants while contributing to wider academic debate.

Conclusions: To be effective as a research approach photovoice must facilitate the voice of marginalised groups, taking coherent, analytically robust research findings to policymakers. Co-production of findings requires established groundrules which ensure that both the voice of participants and the analytic lens of the researcher are effectively combined.

Paper 3

Obesity and bariatric surgery: through the patient's eyes

Author

Catherine Homer, UK

Abstract

Bariatric surgery is a cost effective treatment for morbid obesity with an increasing number of patients accessing surgery. Severe obesity is commonly associated with physiological and psychological morbidity. Obese people are likely to experience social isolation, have low levels of self-esteem, confidence and negative feelings towards their appearance. Access to bariatric surgery is through a tiered framework including clinical and psychological interventions.

A longitudinal study was conducted with patients pre (n=18) and three months (n=16), nine months (n=15) and two years post (n=12) bariatric surgery to explore their pre and post-operative experience and expectation. Interviews were informed by a modified version of photovoice techniques. Prior to each interview 'assignments' were given to each participant. The assignments were changed according to the timeframe of the patient's journey and included: current life, preparation for the surgery, expectation of life after the surgery, decision to have the surgery, what things can do now you didn't/couldn't before?

Data is being analysed using Framework Analysis as part of a PhD study. Interim analysis of the data has identified marked differences in the photographs taken at each stage of the research. Photographs taken by participant's pre surgery were primarily indoors to signify the challenges of day to day life. Images were of body parts rather than the whole self. Clothes participants wore were taken alongside clothes they hoped to be able to wear with their new appearance. Following surgery participants shared pictures of themselves with family members and friends in outdoor spaces.

Using the Photovoice techniques has highlighted some of the day to day burdens of obesity and how patients manage their home life with clinicians. Participants have reported feeling empowered by taking the photographs which has allowed them to reflect on their weight loss journey.

Paper 4

Photovoice: how to use the evidence to engage with policymakers

Author

Dr Aisha Holloway, UK

Abstract

Background: Innovative and creative methods of engaging communities and political leaders to address public health issues are being called for in the research field;

(1)Photovoice is an emerging innovative methodology providing community members with training on photography, ethics, critical discussion and policy advocacy (2) Photographs are taken by individuals that represent their thoughts, perceptions and feelings about particular issues in their community and environment. The pictures and accompanying narratives can be shared with key stakeholders and policy makers to advocate for community change. Using Photovoice has the potential to develop successful ways of engaging with marginalised groups in order to empower and have their voice heard to affect and impact health policy. However, there remain barriers and facilitators to the use of evidence by policymakers resulting in the potential for gaps between research, practice and policy (3) Through the use of strategic approaches these gaps can be narrowed.

Aim: This paper aims to provide insight into the mechanisms, processes and strategic approaches of producing research evidence that facilitates engagement with policymakers and political leaders in relation to photovoice.

Method: The paper will consider the current evidence in relation to the use of research evidence by policymakers. This paper will present a specific account of how photovoice was used: the mechanics, processes and strategic approaches that underpinned the policymaking and political engagement that occurred.

Contribution: Despite an increasing focus on the uptake and impact of research evidence on policy and the importance of evidence-informed policymaking, health-related research and specifically nurse-related research is often unable to engage with the policymaking and political audience. The proposed Framework for Political Influencing will contribute to the development of the knowledge base from which nurses and health professionals can be guided in future engagement activities.

References

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- 2 Wang CC, Yi WK, Tao ZW & Carovano K (1998) Photovoice as a Participatory Health Strategy. Health Promotion International, 13 (1), 75-86

3 Oliver K, Innvar S, Lorenc T, Woodman J & Thomas J (2014) A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC Health Services Research, 14:2 <http://www.biomedcentral.com/1472-6963/14/2>

Symposium 15:

Time: 1:40pm

Room: Moorfoot (level 0)

Best Practice Guidelines Implementation Project. The Spanish experience as part of the Best Practice Spotlight Organizations® international program

Lead: Dr Esther Gonzalez-Maria, Unidad de Investigación en Cuidados de Salud (Investén-isciii), Spain

Implementation research implies the study of complex systems and multiple factors. The Best Practice Spotlight Organizations® (BPSOs) Program in Spain is multicenter, covers different health care levels (e.g. hospital, primary care, long term care, and nursing homes), and address multiple healthcare problems (such as falls, promotion of breastfeeding, etc.). In this context our proposal is to present a Symposia that introduces the common methodology and framework established, and then provide information about the specific strategies and results obtained in each guideline implementation. Besides the rationale of the selection of each guideline is a significant issue, e.g. six from the eight centers selected in first project of the BPSO® Program in Spain, selected ostomy care and management guideline, as the implementation of recommendations related to this guideline was perceived as a necessity to improve care circuits, as a result four new nursing outpatient units for ostomy care were opened. Finally the approach of each Best Practice Guideline has peculiarities that should be analyzed separately.

Paper 1

The Spanish Best Practice Guidelines Implementation Project. Methodology and framework

Authors:

González-María, Esther. RN. Scientific advisor. Nursing and Healthcare Research Unit. Institute of Health Carlos III. Madrid. Spain. Albornos-Muñoz Laura. BS. Researcher staff. Spanish Collaborating Centre of Joanna Briggs Institute.

Moreno-Casbas Teresa. RN. Director of the Nursing and Healthcare Research Unit. Institute of Health Carlos III. Madrid. Spain.

Grinspun Doris. Executive Director. Registered Nurses' Association of Ontario. Ontario. Canada.

Abstract

Background: The Spanish Best Practice Guidelines (BPG) Implementation Project is part of the Best Practice Spotlight Organizations® (BPSOs) international Program, coordinated by the Registered Nurses' Association of Ontario (RNAO). The Project is coordinated in Spain by the national Nursing and Healthcare Research Unit (Investén-isciii) of the Institute of Health Carlos III, and the Spanish Collaborating Center of Joanna Briggs Institute, (named Spanish Host Organization of BPSO® Program).

Aim: To influence the uptake of nursing BPGs across health care organizations, to enable practice excellence and positive client outcomes. **Methods:** After translating the RNAO's BPGs into Spanish the Host Organization published a formal call for proposals to select healthcare settings in Spain to implement the RNAO's BPGs and evaluate the results.

The approach is: nursing-led and multidisciplinary; context specific; and involving a wide range of stakeholders. The Implementation of Best Practice Guidelines Toolkit (RNAO, 2012) guides the process: cascade training, selection of recommendations to be implemented, 3 years planned implementation activities, monitoring by measuring process and outcome results for patients discharged 60 days every year. Host Organization supports healthcare settings selected.

Results: The call was launched in 2012. Eight healthcare settings/11 sites, attending 1,3 million of people, were selected (hospitals and primary health care centers). They chose 10 BPGs, according to their needs. More than 1200 nurses and 40 other healthcare professionals have been trained, evidence based protocols have been developed or updated, patient education have been promoted, and international BPSO® indicators have been evaluated in an electronic platform.

Discussion and Conclusions: The results obtained acknowledge that RNAO implementation method could be replicated with success

internationally. The strategies based on local context have work and we have consolidated a network that shares knowledge and strategies and promotes evidence-based culture among Spanish healthcare settings and evidence-based care to patients. 296 words

References:

1. Registered Nurses Association of Ontario. Toolkit: Implementation of best practice guidelines (2nd ed.). 2012. Available at: http://rnao.ca/sites/rnao-ca/files/RNAO_ToolKit_2012_rev4_FA.pdf
2. Ruzafa Martínez M, González María E, Moreno Casbas M, del Río Faes C, Albornos Muñoz L, Escandell García C. Proyecto de implantación de Guías de Buenas Prácticas en España 2011 – 2016. *Enf. Clin.* 2011; 21(5): 275–83.

Paper 2

Does the implementation of RNAO guide - breastfeeding improve the results of our practice?

Authors

1. Nieto-Martínez Cristina. RN, Midwife. Hospital Clínico San Carlos. Madrid. Spain.
2. González-Fernández María Ángeles. RN. Deputy Director of El Bierzo District Primary Care Management. Chief of Nursing Care Unit and in charge of Research and Quality Department. Ponferrada. Spain.
3. Harillo-Acevedo Francisco David. RN, Midwife. Hospital Rafael Méndez. Lorca. Spain
4. Peña-Benito Laura. RN, Midwife. Hospital Clínico San Carlos. Madrid. Spain.
5. González-Gallego María. RN. Nursing chief. Primary Health Care Center Ponferrada II. Spain..
6. Ruzafa-Martínez María. RN. Professor. Faculty of Nursing. University of Murcia. Spain.

Abstract

Background: WHO recommends exclusive breastfeeding up to 6 months of age^{1,2}. The implementation of the RNAO Guide³ endowed our institutions with tools in order to improve breastfeeding outcomes.

Aims: Evaluate the results of the recommendations implemented by the evolution of indicators: exclusive breastfeeding in the first 2 hours of life, exclusive breastfeeding during 24 hours before hospital discharge and exclusive breastfeeding at 6th month.

Methods: Quasi-experimental study using historical controls. Scope: 2 hospitals and a primary care center. It was used a consecutive non probabilistic sampling of mothers attended in the last 5 lawful days of the month.

Results: Hospital 1:

Previous to the intervention: (2009) n=1173.

Exclusive breastfeeding during 24 hours before hospital discharge: 40.95%.

- After the intervention (December 2014) n=92.
- Exclusive breastfeeding in the first 2 hours of life: 93.9%.
- Exclusive breastfeeding during 24 hours before hospital discharge: 75.2%.

Hospital 2:

Previous (January 2013) n=23.

- Exclusive breastfeeding in the first 2 hours of life: 59.1%.
- Exclusive breastfeeding during 24 hours before hospital discharge: 60.9%.

After (January 2015 - April 2015) n=92.

- Exclusive breastfeeding in the first 2 hours of life: 79.3%.
- Exclusive breastfeeding during 24 hours before hospital discharge: 77.9%.

Primary Care Center:

Previous (February 2012) n=130.

- Exclusive Breastfeeding at 6th month: 26.7%.

After (November 2015) n=237.

- Exclusive breastfeeding at 6 months: 40.3%.

Discussion: The measurement method for pre-implantation has not been uniform and starting positions are different among institutions, which determined that the implementation strategies have been adapted to each context.

Conclusions: All institutions have had a significant increase in outcome indicators. Implementation of this best practices guide improves outcomes. Its generalization may be part of a strategic line in public health.

References:

1. WHO: World Health Organization 2015. Infant and young child feeding. Fact sheet N°342. [on line]. Available from: <http://www.who.int/mediacentre/factsheets/fs342/en/> [27 January 2016].
2. Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding. Cochrane Database of Systematic Reviews 2012, Issue 8. Art. No.: CD003517. DOI: 10.1002/14651858.CD003517.pub2
3. Registered Nurses Association of Ontario (2003). Breastfeeding Best Practice Guidelines for Nurses. Toronto, Canada: Registered Nurses Association of Ontario.

Paper 3

Implementation and effectiveness of nursing best practice guideline 'prevention of falls' in Spain

Authors

Alcañiz-Mesas Ana Isabel. RN. Unit of Oncology/Hematology. Complejo Universitario Hospitalario Albacete. Albacete. Spain.

Córcoles-Jiménez Pilar. RN. Nurse in Research and Training Department. Complejo Universitario Hospitalario Albacete. Albacete. Spain.

Rodríguez-Soberado María del Pilar. RN. Chief Nursing Officer in Training and Quality Department. Hospital Medina del Campo. Valladolid. Spain.

Tiñena-Amoros Montserrat. RN. Nurse in Heal Wounds, Protocols and Methods. Hospital Vall d'Hebron. Barcelona. Spain.

Fernández-Núñez María Luz. RN. Nurse in Quality, Research and Training Department. Hospital Sierrallana. Torrelavega. Spain.

Alonso-Poncelas Emma. RN. Nurse in Quality and Information Department. Hospital Dr. José Molina Orosa. Arrecife, Lanzarote. Spain.

Abstract

Falls are an important health problem both for their high morbidity and by significant socio-economic costs. Registered Nurses' Association of Ontario has developed the Nursing Best Practice Guideline (BPG) 'Prevention of Falls and Fall Injuries in the Older Adult'. This BPG aims to increase all nurses' knowledge and abilities in the identification of adults at risk of falling and to define interventions for the prevention.

Aim: To assess the establishment of recommendations of the BPG in Spanish hospitals after 3 years of implementation, as well as its effectiveness for the prevention of falling.

Methods: Pre-post-implementation design. Area: 5 Spanish hospitals. Sample: ≥65 years-old patients that had been discharged the last 5 days of every month. Intervention: training courses, establishment of multidisciplinary teams, protocols development.

Variables: Socio-demographic. A) Process: Fall risk assessment at admission with scale, prevention plan. B) Outcomes: number of falls, fall injuries. Information source: clinical records. Three measuring periods: to baseline (May-August-2012), t1 transition (January-March-2013), t2 consolidation (January-March-2014). Data analysis: Descriptive statistics. Ethical aspects: anonymous data.

Results: Patients evaluated: 5333. Men: 49.92%. Mean age: 79.75. Results at period to, t1 and t2 are, respectively: Fall risk assessment at in-hospital admission 69.4% vs 75.2% vs 80%; Patients identified being at risk 53.7% vs 55.4% vs 54.25%; Risk patients with prevention plan

53.5% vs 66.4% vs 69.42%; Patients who fall 2.2% vs 2.7% vs 1.78%, Minor injuries 5 vs 4 vs 4; Severe injuries 2 vs 0 vs 0; Reassessment after fall 27.8% vs. 40% vs. 76.47%.

Discussion and Conclusions: Implementation of BPG has raised awareness of nurses to fill clinical records about falls and fall prevention. Fall risk assessment and allocation of a prevention plan have improved. The percentage of patients who fall is lower than other in-hospital studies.

References

1. Sebastián-Viana T, García-Martín MR, Núñez-Crespo F, Velayos-Rodríguez EM, Martín-Merino G, González-Ruiz JM et al. ¿Cuál es la incidencia real de caídas en un hospital?. Enf. Clin. 2011; 21(5): 271-4.
2. Registered Nurses' Association of Ontario. Toolkit: Implementation of best practice guidelines (2nd ed.). 2012. Available at: http://rnao.ca/sites/rnao-ca/files/RNAO_ToolKit_2012_rev4_FA.pdf
3. Ruzafa-Martínez M, González-María E, Moreno-Casbas M, del Río-Faes C, Albornos-Muñoz L, Escandell-García C. Proyecto de implantación de Guías de Buenas Prácticas en España 2011 – 2016. Enf. Clin. 2011; 21(5): 275-83.

Paper 4

Effects of implementing the best practice guideline 'Ostomy care and management' of the program Best Practice Spotlight Organization

Authors

Tiñena-Amoros Montserrat. RN. Nurse in Heal Wounds, Protocols and Methods. Hospital Vall d'Hebron. Barcelona. Spain.

Rodríguez-Soberado María del Pilar. RN. Chief Nursing Officer in Training and Quality Department. Hospital Medina del Campo. Valladolid. Spain.

Viñoly-Torres Elsa. RN. Supervisor de COT. Hospital Dr. José Molina Orosa. Arrecife, Lanzarote. Spain.

Davin-Durbán Inmaculada. RN. Ostomy Specialist. Ostomy Unit. Hospital Vall d'Hebron. Barcelona. Spain.

Martín-Monjas Sofía. RN. Supervisor of Surgical Units. Hospital Medina del Campo. Valladolid. Spain.

Alonso-Poncelas Emma. RN. Nurse in Quality and Information Department. Hospital Dr. José Molina Orosa. Arrecife, Lanzarote. Spain. Albornos-Muñoz Laura. BS. Researcher staff. Spanish Collaborating Centre of Joanna Briggs Institute. Nursing and Healthcare Research

Unit. Institute of Health Carlos III. Madrid.
Spain.

Practice Guidelines for Nurses. Toronto, Canada:
Registered Nurses Association of Ontario.

Abstract

Background: Ostomized patients require special evidence-based care and treatment in order to increase their quality of life and independence. The Best Practice Spotlight Organization® Program of the Registered Nurses Association of Ontario (RNAO), coordinated in Spain by the Nursing and Healthcare Research Unit (Investén-isciii) and Spanish Collaborating Center of the Joanna Briggs Institute, promotes the implementation of RNAO's Best Practice Guidelines (BPGs).

Aims: Evaluate the effects of implementing the BPG 'Ostomy care and management' in the period 2012-2014.

Methods: Study multicenter observational retrospective, through monthly audit of electronic health records of four process indicators in three Spanish hospitals. These process indicators are: comprehensive pre-operative and post-operative ostomy assessment, and pre-operative and post-operative ostomy education intervention. Interventions: dissemination of the program, specific training, incentives based on objectives compliance, data analysis and systematic feedback. Three measurement periods: to baseline (June-December-2012), t1 transition (January-December-2013), t2 consolidation (January-December-2014).

Results: Organizational structures development, elaboration and adaptation of protocols and procedures, development and revision of electronic health records. Total 314 patients; mean age 66.6 years; ostomy type: 129 urostomy, 156 colostomy, 121 ileostomy. Indicators at t1, t2 and t3 respectively are: comprehensive pre-operative assessment 44.5%, 45%, 54.7%; comprehensive post-operative assessment 70%, 97.8%, 98.7%; pre-operative education intervention 25.5%, 31.4%, 55.5%; post-operative education intervention 67.6%, 96.7%, 96.2%.

Discussion: Better results are achieved, however new strategies are proposed to increase intervention results and assure the sustainability of the BPG implementation.

Conclusions: These strategies have demonstrated improvements in the results, since the assessment and education have been increased in pre-operative and post-operative stages. The designation as BPSO® by RNAO have been reached thanks for the healthcare professionals work in introducing recommendations in daily clinical practice.

References

1. Registered Nurses' Association of Ontario. Toolkit: Implementation of best practice guidelines (2nd ed.). 2012. Available at: http://rnao.ca/sites/rnao-ca/files/RNAO_ToolKit_2012_rev4_FA.pdf
2. Registered Nurses Association of Ontario (2009). Ostomy Care and Management Best

Posters

Wednesday 6 April

Poster tour A

Patient experience

Leaving registration at: 13.25

Led by: Professor Ruth Northway, University of South Wales, United Kingdom

Poster 1

(210) Characterising the Hospital Experiences of Adults with Learning Disabilities (HEALeD)

Karen Thomson, BSc Psychology; MSc Psychology, University of Cambridge, Cambridge, UK

Abstract

Background: Following the publication of Death by Indifference (Mencap, 2007) hospitals sought to improve healthcare for patients with learning disabilities (LD). Many general hospitals have introduced: special LD policies; training events in relevant legislation; information systems that alert hospitals to the presence of patients with LD; Hospital Passports and Carers' Agreements. Nevertheless, reports continue to identify serious failings (Parliamentary and Health Service Ombudsman, 2013).

Aims: To describe the hospital use and outcomes of adult inpatients with LD using routinely collected hospital data, a crucial task for developing robust indicators measuring and monitoring outcomes for patients with LDs.

Methods: Health Episode Statistics were obtained from two acute NHS hospital trusts in the East of England, describing adult patients with LD admitted between 1 April 2012 and 31 March 2014.

Results: A total of 1000 people with LD were admitted. We present: patient socio-demographics, primary causes of admission; admission duration; and health outcomes as measured by rates of 7 and 30 day readmissions.

Discussion: In the context of the NHS, this research could lead to improvements in: local, regional and national policies; outcomes frameworks; and the development of more robust indicators for monitoring the health outcomes of patients with LD.

Conclusions: By improving healthcare practitioners' understanding of the numbers of patients with LD and their standing relative to non-disabled patients, this research could, in the future, lead to the development of better outcomes indicators for patients with and without LD.

Poster 2

(49) The development of service user-led recommendations for older people living with memory loss discharged from acute hospital to community care.

Dr Carole Mockford, DPhil, Royal College of Nursing Research Institute, University of Warwick, Coventry, UK

Abstract

Background: Lay involvement in health research is a relatively new concept internationally. This study has involved lay participation from development to dissemination. It focuses on hospital discharge planning for older people living with memory loss and their carers, an underdeveloped research topic but consequences for poor planning can be far reaching.

Aim: To develop service-led recommendations for the transition from hospital discharge to the community for patients living with memory loss and their carers

Methods: From July 2014-January 2015, 15 pairs of patients with memory loss and their carers from two NHS Trusts, were interviewed at three time-points: at discharge, 6 and 12 weeks post discharge, about their experiences of service provision. Fourteen health and social care professionals including Admiral Nurses were interviewed about their experiences of hospital discharge.

Lay researchers were actively involved in data collection and developing a framework analysis. They facilitated focus groups of study participants where recommendations were drafted from findings. Health and social care professionals provided feedback before study participants finalised the recommendations.

Results: Three key areas: discharge planning, provision of information and support at home, and daily home care have major challenges for people living with memory loss. Recommendations included having written documentation and a named co-ordinator as a guide through the discharge process.

Discussion: Recommendations were developed from the perspective of receiving services by people living with memory problems. Improvements can be made to existing services. The patient and carer view the transition from hospital to home as a single process, conversely, many agencies and separate assessments are involved in providing services which can be confusing to families.

Conclusion: Lay perspectives of the hospital discharge process has identified key problem areas which may not be evident to professionals. This approach can potentially smooth the transition out of hospital for the most vulnerable.

Poster 4

(24) Can nurses play a role in screening for autism in non-English speaking countries?

Turkiya Al Maskari, MSN, Nursing & Health Care School, University of Glasgow, Glasgow, UK

Abstract

Aim: To explore the feasibility of screening for autism spectrum disorder (ASD) in non-English speaking countries, cultural influences and the role of nurses' in the screening process.

Background: The prevalence of ASD is rising worldwide and increasing the need for early interventions to improve outcomes. Screening for autism is being explored within different healthcare settings, using a range of assessment instruments and assessors, in an effort to facilitate earlier detection. However, in non-English speaking countries little is known about screening for autism, the impact of culture and the role of nurses in the screening process.

Design: A systematic review was undertaken based on PRISMA guidelines.

Data sources: Psych INFO, MEDLINE, CINAHL, EMBASE and ERIC database searches, and hand searches, were conducted from 1990-January 2014.

Result: Five papers were identified from different geographical regions. In all studies, children were screened using an adapted version of the Modified Checklist for Autism in Toddlers (M-CHAT) to accommodate cultural sensitivities in different clinical settings and assessors. Findings suggested that the discriminating items of the adapted M-CHAT were differed across cultures. Nurses made up the largest group of assessors.

Conclusions: Screening for ASD is challenging and requires the use of knowledge, skills and rigorous screening instruments tailored to a specific nation's culture. Although screening with the adapted M-CHAT is feasible in some healthcare settings in non-English speaking countries, its use in primary settings would necessitate further exploration. With the appropriate training, nurses/professional could play a part in screen children for ASD.

Poster 5

(187) Why do patients return to the emergency department?

Dr Rebecca Hoskins, RN, RN child Bsc (Hons), MA, DHSC, Consultant Nurse, University Hospitals Bristol NHS Foundation Trust, Bristol, UK

Abstract

Aims: Unplanned re-attendance is used as a marker of quality in the emergency department (ED). In England the target for unplanned re-attendance rates is below 5%. This study explored why patients seek unplanned follow up after treatment in an emergency department, if participants could identify the healthcare professional (HCP) they were treated by, and whether this had an impact on their subsequent decision to seek follow up.

Methods: A mixed method pragmatic approach was used. 200 participants were recruited. Questionnaires, telephone interviews and focus groups were used to collect data from September 2011- April 2013.

Results: Quantitative data was analysed using SPSS version 19. Thematic analysis was used to analyse the telephone interviews and focus groups. 18% of patients sought unplanned follow up in the 2 weeks following their initial visit, with no statistically significant difference between HCPs.

Discussion: Despite high satisfaction rates, patients said they preferred to be treated by a doctor even though they were unable to identify the treating HCP. Specific issues were identified in reducing unplanned follow up rates. The most common were issuing fitness to work certificates, explaining the trajectory of an illness or injury and addressing specific pain management issues. A change in policy would be required for non-medical HCPs to be able to issue fitness to work certificates but in this study it was found to be the single most effective strategy to reduce reconsultation rates.

Conclusion: Patients seek unplanned follow up for a variety of reasons and do not revisit the initial emergency department they visit. This suggests that nationally this issue is under reported. This study shows that non-medical HCPs may have some advantages over junior medical staff in terms of consultation skills, patient satisfaction and reconsultation rates.

Poster tour B

Service innovation and improvement

Leaving registration at: 13.25

Led by: Dr Alison Twycross, London South Bank University, United Kingdom

Poster 7

(236) The development of a pain assessment scale for neonatal transport

Dr Lavinia Raeside, PhD, MN, MSc, BSc, PgCertEd, RGN, RM, NICU, Royal Hospital for Children, Queen Elizabeth University Hospital, Glasgow, UK

Abstract

The aim of this study was to develop a pain assessment scale for use during neonatal transport. Underpinned by the rights of the child to have appropriate assessment and management of pain and the deleterious effects pain can have on the physiological stability of the neonate, this study utilises a qualitative consensus paradigm of enquiry to inform the content and structure a pain assessment scale specific to the transport setting.

The three Phases of this study consisted of Phase One: a nominal group meeting with transport clinicians to ascertain their views on items to include in a pain assessment scale for transport. Phase Two utilised the Delphi technique to gain consensus from a large cohort of clinicians experienced in the field of neonatal transport on the content, structure and design of a transport pain assessment scale.

Results of the first two Phases of the study were then applied to the adaptation of an existing pain assessment scale. Face validity of the newly developed Neonatal Transport Pain Assessment Scale (NTPAS) was then tested in Phase Three by semi-structured interviews with transport clinicians. Initial face validity testing suggested positive results in relation to feasibility and clinical utility of the scale, however further testing is strongly recommended.

Currently there are no pain assessment scales developed for use in the transport setting, and little evidence on the effects of transport on pain and pain assessment. This study offers a unique approach in adding to the body of knowledge on neonatal pain assessment while facilitating the development of a scale adapted to transport. Further research is suggested to undertake psychometric testing of the scale and establish validity and reliability in the clinical setting.

Poster 8

(367) Tailoring national guideline recommendations to context specific criteria: using consensus methods in the care home setting.

Jane Wright, RN, BSc(Hons., DN route), MA, PGCE, Bangor University, Bangor, UK

Abstract

Background: This presentation will report upon one aspect of a NISCHR funded PhD study, which sought to advance knowledge in the field of improvement science. The study examined the process of tailoring national stroke best practice recommendations for the care home context. Experiences around the use of consensus building with care home staff will be discussed.

The 2013/2014 audit by the Royal College of Physicians reports that acute stroke care is better than ever, but community stroke care, especially in care homes, still lags behind. Research in care homes is a complex undertaking (Luff et al., 2011). Engaging with care home end users can enhance implementation compliance (Harrison and Graham, 2012). It is essential that care home staff are encouraged to engage in research as partners; and as end users of the tailored guideline, should be involved in adapting the recommendations for day to day implementation in the care home.

Aim: To tailor stroke best practice recommendations, and advance implementation outcomes by gaining consensus with regards to appropriateness for the care home context.

Method: Initially consensus methods (Rycroft-Malone, 2001) were used in an attempt to define levels of agreement between care home staff in relation to the suitability of the stroke best practice recommendations for their setting. The consensus approach incorporated nominal group technique. This method proved unfeasible for care home staff. Data collection methods were therefore adapted to incorporate an approach that enabled group discussion and used cognitive interview technique to unpick care home staff views around individual recommendations.

Conclusion: Researchers should not assume that practitioners automatically have appropriate skills (Luff et al., 2011). Effectual tailoring requires researchers to adopt a responsive approach to data collection, which enables them to interact and react with participant end users, in order to tailor and implement context specific best practice recommendations.

Poster 9

(309) The role of body temperature in predicting the incidence and severity of sepsis in patients with neutropenia

Clare Warnock, Weston Park Hospital, Sheffield Teaching Hospitals NHS foundation Trust, Sheffield, UK

Abstract

Background: Neutropenia (blood neutrophil count below $1.0 \times 10^9/L$) is a side effect of cancer chemotherapy that increases susceptibility to sepsis. Sepsis is a continuum with progressing severity from mild infection symptoms to septic shock. Risk stratification can identify whether patients with neutropenic sepsis require intensive treatment or could be managed with oral antibiotics and self-monitoring (Lee 2013). Elevated body temperature is used as a diagnostic indicator in sepsis but the evidence base underpinning its ability to predict sepsis severity and contribute to risk stratification has not been evaluated (NICE 2012).

Aim: To evaluate the role of body temperature in predicting the incidence and severity of sepsis in neutropenic patients.

Methods: A cohort case note review was carried out on 200 patients admitted consecutively with neutropenic sepsis to a regional cancer centre between October 2013 and July 2015. Data collection included temperature recordings, indicators of sepsis severity, patient and treatment related factors and patient outcomes. Descriptive and regression analysis was carried out on the data.

Results: Sepsis severity ranged from mild infection to severe sepsis. Highest temperature during admission was related to severity but severe sepsis occurred without pyrexia and high temperature readings were present with mild infection symptoms. Body temperature at presentation, or during the sepsis episode, was not a consistent indicator of sepsis or a predictor of outcomes. Evidence emerged of temperature readings alone being used to determine treatment pathways.

Discussion: Our findings suggest that, while elevated body temperature is often present in patients with neutropenic sepsis, over-reliance on temperature readings could contribute to missed diagnosis or inappropriate treatment.

Conclusions: The study has implications for patient information, staff education and clinical guidelines. The presence or absence of fever should be seen as a contributory rather than primary factor in decision-making around neutropenic sepsis.

Poster 10

(105) Using interpretative phenomenology to explore person centred care for older people in acute hospital

Katrina Whittingham, RN, MSc in Nursing, PG Cert in HELT, Part time Doctorate Student/Lecturer in Nursing, Robert Gordon University, Aberdeen, UK

Abstract

Person Centred Care (PCC) is 'mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making' (Scottish Government 2010). Political drivers are ambitiously pushing for consistent PCC cultures of care, in particular for older people in acute hospitals (OPAH). However, there are challenges in meeting these ambitions, given the pressures in acute care, and at times it may seem unachievable.

Although there is a growing evidence base supporting PCC, there remains a need to consider how PCC is actualised into clinical care (Dewar and Nolan 2013). It is the author's plan to use Interpretative Phenomenological Analysis (IPA) to explore how OPAH, their families and Multi Disciplinary Team (MDT) experience and make sense of PCC; from the patients', families' experience of receiving PCC and the MDT's of delivering it. IPA will allow a rich picture of what really matters to these three distinct stakeholder groups to be realised.

Research methodology should fit the researcher's personal motivation, philosophical approach and the research question. IPA is grounded by Gadamer, Heidegger and Merleau-Ponty's philosophy that the researcher's knowledge can influence the research process (Smith, Flowers and Larkin 2012). The author's personal motivation of dissatisfaction with non PCC, links to this philosophical stance. The nature of the topic, exploring experiences of acute healthcare using IPA, will use descriptive narratives from 1:1 interviews, to interpret the experiences. These narratives can be powerful in terms of bringing the research alive, adding to the body of evidence in a meaningful way; which in turn could enhance the impact of the research.

The aim is to provide a reflective methodological rationale for using IPA to explore the essence of PCC for OPAH, contributing to the evidence base for this methodology.

Poster 11

(202) Supported: The development of an abdominal support garment for people with ascites

Dr Nancy Preston, PhD BSc (Hons) RGN, International Observatory on End of Life Care, Lancaster University, Lancaster, UK

Abstract

Background: Ascites is the build-up of large volumes of fluid in the peritoneal cavity which is usually drained at 5 litres. If an indwelling catheter isn't possible then living with large volumes of fluid which are intermittently drained, is uncomfortable. A support garment was tested with patients with ascites which increased abdominal pressure by 4cm/H₂O (Tubigrip). The patients found the garment improved discomfort and provided support to their large abdomens. However, the garment was too warm and also 'rode up' making it difficult to wear especially in warmer weather.

Aims: To develop a support garment for use with people with gross ascites to offer them support and improve their discomfort.

Methods: Five prototypes for a support garment using a range of materials to offer abdominal support were developed with the company Jobskin. The garments were made using guidance from previous research and feedback from ongoing comfort tests. The ongoing study with 8 participants with ascites (alcohol related liver disease and malignancy) will assess wear-ability and support requirements including an assessment of comfort, ease of putting on/off, mobility and acceptability. The garment, shaped like cycling shorts, can be made in a range of sizes and colours.

Results: An abdominal support garment was developed with the designers by using light weight breathable materials. There were five sections to the garment offering different types of pressurised support including a main abdominal area which allows for support but can significantly increase to allow for abdominal growth. The support garment supported an increase in abdominal girth from 70 cm to 110 cm in the initial participant yet remained comfortable.

Conclusions: A support garment has been created which can allow for increased abdominal girth yet provide abdominal support. Further research is planned to evaluate whether wearing a support garment can delay admission to hospital for treatment.

Poster tour C

Workforce and employment issues

Leaving registration at: 13.25

Led by: Professor Ruth Harris, King's College London, United Kingdom

Poster 13

(291) A qualitative study of how nurses who care for a parent with dementia maintain a healthy work-life balance

Caroline Parr, RMN, MSc, Dementia Nurse Practitioner, Raigmore Hospital,

Inverness, UK

Abstract

Background: Dementia has a greater impact on women as they are at greater risk of developing dementia themselves, are more likely to be family carers and are more likely to be employed in healthcare (Erol et al 2015). Double-duty care giving, caring both professionally and in a family context, is a particular issue for female nurses (Ward-Griffin 2014).

Aim: The aim of this research was to explore the lived experience and work-life balance of female nurses who are double-duty caregivers for a parent with dementia.

Methods: In-depth semi-structured interviews were used to collect data, exploring the richness of nurses' experiences. Interviews were thematically analysed.

Results: The exploratory nature of this work allowed detailed insights into the lives of two nurses. The main themes emerging from the data were;

- The conflicts emerging from balancing the caring role with employer needs,
- Work-life balance policies not always being available
- Inability to plan for the future due to the unpredictable nature of dementia

These issues have potential to impact significantly on the well-being, sickness/absence and effectiveness of NHS nurses.

Discussions: Blurring of boundaries between professional and personal caring can lead to compassion fatigue (Ward-Griffin 2011). Participants experienced negative effects when juggling their caring commitments. Maintaining a healthy work-life balance, while working in a pressurised environment and caring for a parent with dementia, was described as having two fulltime jobs with no time for relaxation.

The challenges arising from double-duty caregiving and the impact this can have on a nurses' effectiveness requires further consideration. The potential for stress, sickness, and absence due to

poor support is personally and financially costly to the NHS.

Conclusions: Double-duty caregiving is sited at the crossroads of two competing policy areas; human resources and health. This small-scale study highlights the challenges for NHS staff and the need for larger-scale research.

Poster 14

(371) Developing the research workforce and introducing new healthcare roles to support research nurses

Emma Munro, RN BSc(Hons) PGDip MSc, University Hospital Southampton, Southampton, UK

Abstract

The NHS Constitution states that all patients should have the opportunity to participate in research (DH 2013). There is a struggle to meet this demand as the research nurse workforce is stretched. Recruitment and retention in clinical research nursing is challenging and innovative roles are required to address this. A review of clinical trials assistant (CTA) posts in our Trust revealed that some were performing clinical tasks with little or no training and with no documentation or evidence of competence.

To ensure staff are well-trained and competent, with appropriate oversight from qualified nurses, the role was reviewed, a strategy and a training programme defined for recruiting, retaining and developing the talent in this growing part of the research workforce.

A revised job description clarified the clinical role and provided a basis for training requirements and competencies. A training programme was established for new and existing CTAs which included the Care Certificate, core clinical competencies and research governance. The aim of the programme is to ensure that the necessary skills, knowledge and behaviours are acquired so that CTAs can provide compassionate, high quality and safe care and support to patients and research participants. An assessor who is a qualified nurse experienced in research is allocated to each CTA for the programme which includes face-to-face training sessions.

It is anticipated that the programme will take four months to complete. The success of the new posts and programme will be evaluated after the first cohort have completed the programme in March 2016 and results will be presented.

This workforce development is relevant to an international audience as new ways of delivering research across the globe are being shared. Many research studies are multi-centre and multi-national and so efforts to ensure successful recruitment of patients and participants to research are internationally relevant.

Poster 15

(126) Is nursing becoming a part time job? New nursing graduate employment preferences

Dr Diana Clarke, Registered Nurse, College of Nursing, University of Manitoba, Winnipeg, Canada

Abstract

Background: Ensuring a stable and sufficient supply of nurses continues to be a serious healthcare challenge globally. Matching the employment opportunities with work preferences of new graduates is important for recruiting and retaining new nurses and for building a sustainable nursing workforce.

Aims: The data presented here are abstracted from an annual province-wide survey of new registered nurse (RN) graduates that aims to inform the provincial nursing workforce strategy. The purpose of this analysis was to determine the full time versus part time work preferences of new nursing graduates six months after graduation.

Methods: All graduates from all RN pre-licensure university programs in the province of Manitoba, Canada in 2014 were surveyed six months post-graduation. Data collection took place from November, 2014 to June, 2015. An online survey link was sent using Fluidsurveys.com. Seventy-six percent of graduates completed the survey.

Results: Sixty-one percent of respondents indicated that their employment preference was part-time. Reasons for their preference included: flexibility, work/life balance particularly with regard to family life, prevention of burnout, and the fact that part-time work provides sufficient income for their needs. The remainder of respondents (39%), who preferred full-time work, cited the enjoyment of the job, the opportunity to gain experience and confidence in their chosen profession, the security of income and benefits, and the need to pay off student loans as reasons for their preference.

Discussion: The generational shift in values and priorities is creating challenges for employers. They need to balance the needs and preferences of the 21st century workforce with the staffing requirements for safe and high quality patient care.

Conclusions: While the majority of graduates are working part-time and prefer part-time, some graduates do prefer full-time employment. Employers need to accommodate the diverse preferences of new graduates in order to maintain a sustainable nursing workforce.

Poster 16

(97) The effect of nationality on job satisfaction and intention to leave among nurses in Saudi Arabian government hospitals

Husam Almansour, PhD Candidate, Faculty of Health Sciences, University of Southampton, Southampton, UK

Abstract

Background: Job satisfaction is a vital concept in nurse recruitment and retention. Two reasons are thought to contribute to the severe scarcity of nurses in Saudi Arabia: (1) the nursing profession is considered a low status profession with associated negative public perceptions; and (2) cultural barriers that restrict female access to education and employment, particularly in jobs that require contact between genders. A historical reliance on significant numbers of non-Saudi nurses has led to inequalities in remuneration and treatment of nurses from different countries. Yet, empirical evidence is limited in this regard, especially comparisons across nationality groups in Saudi Arabia.

Aim: To examine any effect of nationality on job satisfaction and 'intention to leave' among nurses in Saudi Arabian government hospitals.

Methods: The McCloskey/Mueller Satisfaction Scale (MMSS) was used to measure nurse job satisfaction across eight types of satisfaction. Additional questions addressed intention to leave and demographic variables. Twenty-six semi-structured interviews explored factors in the work environment influencing nurse satisfaction. The data presented in this paper is taken from 492 questionnaires from two of the three major hospitals in Saudi Arabia where the study was conducted.

Results/Conclusion: The overall satisfaction mean was 3.3 out of 5. A significant statistical difference related to nationality was found in all eight subscales measuring satisfaction, while no significant difference in overall job satisfaction was found between nationalities. Saudi nurses were least satisfied with six out of eight facets of the job, while South African nurses were more likely to leave their hospitals compared to other nationalities. An increased likelihood of intention to stay in the current job was associated with bolstering satisfaction by means of extrinsic rewards and increased control and responsibility. Improvement of nurse satisfaction with different aspects of their job could result in greater retention in the face of a shortage crisis.

Poster 17

(444) Supporting clinical nursing skill acquisition in Ireland: Is a practice skills record of value?

Dr Melissa Corbally, DProf (Health and Social Care), School of Nursing and Human Sciences, Dublin City University, Dublin, IE

Abstract

Background: In Ireland, movement towards a competency based assessment framework within nursing education resulted in a perceived need to produce a record of skill acquisition bridging classroom and practice exposure throughout the four year programme. In response to this, a Practice Skills Record (PSR) booklet was developed in 2011 by academics in collaboration with clinical partners and remains current practice.

Aim: This study explored current practices regarding the day to day utilisation and completion of the PSR and evaluated its merit in supporting nursing skill acquisition.

Method: A combination of survey method and documentary analysis was used. 74 fourth year undergraduate students completed an online questionnaire measuring retrospective utilisation of the PSR and attitudes towards its value. A documentary analysis of 18 PSR's was also undertaken examining content and levels of completion.

Results: Findings from the survey indicate strong usage of the PSR in first year (82% n=59), decreasing substantially in second year (8.3% n=6). Documentary analysis supports this finding also, finding high signature rates in clinical practice (67%) in relation to first year fundamental skill acquisition. Most respondents (84.7% n=61) stated that preceptors did not view PSRs at clinical interview suggesting that it is not utilised as initially planned. Three themes which emerged in qualitative responses included; a lack of time, duplication of documentation and PSR skill content.

Discussion: The fact that the PSR is not being utilised as planned particularly in Years 3 & 4 of the programme suggests a clear need for reform of this document and existing practices surrounding it to enhance its utility particularly amongst first year cohort groups. The merit for a PSR for first years reflects Benner's theory that need for structure is greater amongst novice student nurses (Benner 1984). Minimisation of documentary duplication within busy complex clinical contexts is recommended.

Poster tour D

Critical care

Leaving registration at: 13.25

Led by: Dr Calvin Moorley, Senior Lecturer, London South Bank University, United Kingdom

Poster 18

(431) What are the needs of newly graduated nurses working in an acute cardiac setting in Egypt? A qualitative descriptive exploratory study.

Linda Gorman, MScHC, BN (Hons), RN, PGD (Academic Practice), SPQ (Critical Care), Assistant Lecturer, Gouna Technical Nursing Institute, El Gouna, Egypt

Abstract

Background: Little is known about the needs of newly graduated nurses in Egypt and how these relate or contrast from the published literature. Most literature focuses on the first year of practice and a modest amount of work has explored the transition needs within acute care speciality settings.

Aim: To identify the needs that newly graduated nurses working in an acute cardiac setting consider important during the first two years of graduation and differences in their perceived most important needs.

Methods: A qualitative descriptive exploratory method was used. Two nominal group technique interviews were conducted in April 2015 (n=5; n=6) according to graduation dates. Needs were identified and prioritised using both rankings and ratings to attain consensus. Content analysis of the items generated was conducted to produce themes and enable cross-group comparison. Rating scores were standardised for comparison within and between groups.

Results: Both groups ranked and rated as most important: 1) education, training and continued professional development; 2) professional standards; 3) supportive clinical practice environment; 4) manageable work patterns, and 5) organisational structure. Graduates of more than one year emphasised needs related to supportive clinical practice environments in comparison to their junior colleagues. Graduates of one-to-two years had much less consensus, which may suggest their needs are more dynamic in the first year of practice.

Discussion and Conclusions: The needs of newly graduated nurses working in an acute cardiac setting from an Egyptian perspective were identified. Such needs relate to professional development and the organisational culture. The findings support those in international literature with the exception of the theme of 'organisational structure'. It is important that health care organisations develop strategies to

reflect the priorities of new nurses transitioning into practice within Egypt. Further research is needed on meeting the needs of newly graduated nurses in Egypt.

Poster 19

(359) Developing a core outcome set for cardiac arrest effectiveness trials (COSCA): an international Delphi survey

Kirstie Haywood, University of Warwick, United Kingdom

Background and aim: Clinical effectiveness trials, reviews and meta-analyses are essential to advance resuscitation science. However, the quality and utility of research is limited by inconsistencies in outcome reporting. A systematic review(1) of outcome reporting in cardiac arrest clinical trials (2000-2012) indicated significant heterogeneity in reporting and a lack of long-term and patient-reported assessment, highlighting the need for a core outcome set (COS) in this field. COS development begins with identification of 'What' should be assessed: that is, which outcomes are judged as important by key stakeholders.

Methods: A two-round international Delphi survey explored which outcomes were viewed as important for future cardiac arrest effectiveness trials. Two complementary surveys were conducted: one developed for healthcare professionals/researchers and a second for patients/partners. Surveys listed a range of outcomes across the patient journey, informed by the systematic review and interviews conducted with patients and partners. In round 1 participants rated outcomes on a 9 point GRADE scale of relative importance to decision-making; in round 2, participants ranked their top 5 (patients) or 10 (healthcare professionals/researchers) outcomes.

Results: 99 healthcare professionals/researchers and 69 patient/partners from 15 countries completed round 1, with a response rate of 60% in round 2. After 2 rounds 20 outcomes reached consensus of 70% in at least one stakeholder group. Seven additional outcomes reached 60% consensus in round 2. The 27 outcomes reflected the patient journey across three core areas: pathophysiological manifestations (n=7), survival (n=5) and life impact (n=15).

Discussion and conclusion: The 27 outcomes include a range of short and long term post-arrest outcomes judged to be of critical importance to cardiac arrest effectiveness trials. A COS reflects the minimum number of outcomes, that should be reported in future effectiveness trials. Survey results will inform an international consensus meeting to identify the most important outcomes to be included in a COS for Cardiac Arrest effectiveness trials.

Poster 20

(456) Therapeutic hypothermia post out of hospital cardiac arrest - A research critique

Kirsty Simpson, NHS Lothian, Edinburgh, UK

Abstract

Aim: To present a research critique exploring why a change of practice has occurred in relation to Therapeutic Hypothermia (TH) Post Out of Hospital Cardiac Arrest (OHCA) in the Emergency Department (ED).

Method: A literature search was conducted from 2002-2015 to capture seminal studies and most current evidence in this research field. A variety of search terms were included and limits set to include Randomised Controlled Trials (RCT), English language and full text articles to control results. A wealth of research was found and all articles were reviewed if search headings appeared in title/ abstract. Local guidelines have changed based on findings of a recent RCT therefore it was decided to critique this evidence against two seminal RCTs to evaluate why practice has changed.

Results: The initiation of TH post OHCA was implemented in resuscitation guidelines following the results of two RCTs reported in 2002. These utilised small sample sizes, had potential for bias introduction and studied a limited population. A more recent RCT (2013) utilising a larger sample size and adhering to strict research methodology has suggested that there is no benefit in cooling patients post OHCA to a temperature of 33â°F compared to 36â°F to neurological outcomes or survival rates. Temperature management and hyperthermia prevention has instead been advised. This research critique has raised questions whether there is strong evidence that TH should be implemented or not.

Conclusion: Reviewing evidence for TH has concluded that this remains a controversial subject with current evidence refuting previous findings. The initiation of TH in resuscitation guidelines was based on the findings from two RCT's that were of limited quality. Local ED guidelines have now been changed on the findings of one RCT. Whilst this is a good quality study, the question remains whether we should be changing guidelines based on the results of one study.

Poster 21

(337) Understanding body temperature and sepsis: knowledge and practice among staff caring for patients receiving chemotherapy

Clare Warnock, Weston Park Hospital, Sheffield Teaching Hospitals NHS foundation Trust, Sheffield, UK

Abstract

Introduction: Neutropenic sepsis is a potentially life-threatening complication of anti-cancer therapy, particularly chemotherapy (NICE 2012). Elevated temperature is one of the early sign of sepsis and temperature monitoring plays a role in its diagnosis and management (Dunkley and McLeod 2015). Understanding sepsis is essential knowledge for staff caring for patients receiving chemotherapy.

Aims: To explore staff members understanding of body temperature in relation to sepsis and their practices around monitoring, reporting and acting on thermometer readings

Methods: Semi-structured interviews were used to explore the knowledge and experiences of medical and nursing staff in a regional cancer centre. Twenty staff were interviewed between February and May 2015. Purposive sampling was used to include staff from different roles, grades and experience. Interviews were recorded and analysed using framework analysis. Ethical approval was obtained.

Results: All staff were able to accurately define a high temperature but there was variation in knowledge around symptoms of sepsis in general and the definition and significance of low readings. Different practices were identified around monitoring temperature, beliefs about the reliability of thermometers and advice given to patients. Variations between staff groups were revealed. Staff confidence in their responses was stronger where clinical guidelines were available and adopted routinely in clinical practice.

Discussion: All staff in the cancer centre receive training in neutropenic sepsis detection and management. Despite this variations in knowledge and divergence from local guidelines and key principles were uncovered. The findings identify subjects for education and clinical interventions and highlight the need to develop approaches that bridge the gap between training delivery and clinical practice outcomes.

Conclusions: Standardised practice is needed to ensure patients receive consistent, high quality care. The findings provide the foundation for targeted education and practice interventions to achieve this. Further review will be needed to evaluate their effectiveness.

Poster tour E

Ethical issues

Leaving registration at: 13.25

Led by: Professor Julie Taylor, University of Birmingham, United Kingdom

Poster 22

(215) What do quality indicators tell us about priorities for community nursing?

Dr Jane Cook, D phil, MSc, HV, RGN, University of the West of England, Bristol, UK

Abstract

Background: Community nurses (CNs) provide care to housebound people, often with complex, long term conditions. The quality of care delivered at home is difficult to assess. Quality indicators (QIs) are standards of care against which service quality can be measured. There are difficulties designing indicators that effectively measure nursing quality where nurses do not have 24 hour responsibility for patients and work alongside other providers. The Commissioning for Quality and Innovation Scheme (CQUIN) enables commissioners to incentivise service providers by paying a proportion of the value of their contracts based on service quality. A survey of CQUIN indicators applying to CNs undertaken in 2014/15 assessed what these might suggest about priorities for commissioners and CNs.

Methods: Cross sectional survey of 211 Clinical Commissioning Groups (CCG) in England. Data were analysed descriptively.

Emerging Findings: One hundred and fifty nine (75%) CCGs responded, with 484 'local' CQUINs for CNs. Thirteen 'care themes' were identified; the largest of these were 'organisational issues' comprising 163 indicators (33% of local CQUINs related to CNs). The following sub-themes emerged as commissioning priorities: integration, the care model, 'Francis CQUINs' (CQUINs stemming from the Francis report) and seven-day working.

Discussion: Commissioning priorities focused on developing closer relationships with GP practices. The Care Model is the principal strategy for enhancing the coordination and quality of community services, emphasising multidisciplinary working. Achieving and sustaining CQUIN goals depends on CN engagement. However, recent research raises questions about whether the community infrastructure and workforce is sufficiently resilient to make integrated community-based care a reality.

Conclusion: Frontline CNs have first-hand experience of how organisational changes work in practice and impact care quality. More than ever, CNs need to actively determine what benchmarks distinguish the quality of their service and

describe the practical reality of what is feasible for extending and developing CN provision.

Poster 24

(22) Protecting the innocent: Child safeguarding decision making by professionals in pregnancy

Ciara Close, MSc, BSc (Hons), Ulster University, Belfast, UK

Abstract

Background: In 2014, 954 children in need referrals were made in Northern Ireland (DHSSPS 2014). The highest number of referrals was made in the South Eastern Health and Social Care Trust (n=294) (DHSSPS 2014). Health and Social Care (HSC) professionals face the daunting task of assessing the risk of harm to an unborn child. Therefore, understanding HSC professional's decision making in relation to child safeguarding in pregnancy will enhance professional practice.

Aim: To study decision making by Health and Social Care professionals where there is a child safeguarding concern in pregnancy.

Methods: This is a mixed-method study with three phases and this paper will focus on Phase 2, focus groups with HSC professionals. The aim was to determine the relevance of the identified risk factors from the structured literature review within a Northern Ireland context and to explore the experiences of Midwives and Social Workers in making decisions about cases of child safeguarding in pregnancy.

Results: Data were collected from four focus groups consisting of Midwives (n=14) and children's services Social Workers (n=16) and analysed using Newell and Burnard's framework (2006) for thematic analysis. Twelve themes were identified which impacted upon decision-making: Assessing risk, timing, engagement with women, communication, professional experience, mental health knowledge/training, impact on staff, evidence, case planning, pregnant women behaviour, recording of information and frustration.

Conclusion: Decision making by HSC professionals in the area of child safeguarding in pregnancy remains a complex and challenging process. Professionals are living in a state of 'uncertainty' as each case presents unique challenges. The uncertainty regarding the uniqueness of cases requires application of a diverse knowledge base, which further adds to the complexity around decision making.

Poster tour

Late-breaking

Leaving registration at: 13.25

Led by: TBC

Poster 76

(441) Let's talk FGM: An app to assist health professionals explore a difficult subject

Joanne McEwan, RN, MA (ord) MA (geog) PGDip (SCPHN HV), Health Visitor, Oxford Health NHS FT Headquarters Warneford Hospital, Oxford, UK

Abstract

Black and Minority Ethnic (BME) people in England and Wales are disadvantaged in health outcomes. This is highlighted in Female Genital Mutilation (FGM) in which 137,000 women and girls originate from 28 African countries and some Asian countries where FGM is prevalent. The new mandatory reporting duty in England states that Health professionals (HPs) must report to the police and follow local children's safeguarding board procedures if a girl is at risk of FGM. Asking sensitive questions on FGM requires knowledge and confidence. As the NHS promotes technology and innovation in health-care, HPs working in the community are increasingly using mobile technology to access information and support patients/clients. This paper discusses a quality improvement project undertaken with Oxford Health NHS FT to design an app 'Let's talk FGM'. Used collaboratively with the patient/client it aims to navigate discussions, identify girls at risk of FGM and offer support to FGM survivors. The project is implemented over one year and involves: identifying stakeholders, gathering material for content, designing and piloting the app and launching the final version. This paper will outline key project findings to date on discussion group feedback about how the app should support HPs and clients, and piloting the app. A demo of the pilot app will be performed. This is a leadership project supported by the Mary Seacole Awards 2015-16 which gives nurses, midwives and health visitors the opportunity to create projects that will improve health outcomes for BME communities while enhancing personal and professional development.

Poster 77

(442) ADHD one stop shop: a nurse-led, multi-agency drop in clinic for young people with ADHD

Gemma Ryan, MSc, University of Derby Online Learning, Derby, UK

Abstract

Background: ADHD is a behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention (NICE, 2008). It is one of the most prevalent psychiatric disorders in children (ADISS). Access to high quality, integrated healthcare services is often inconsistent and due to the nature of the disorder on-going support and care needs vary dramatically and can have a huge impact on the child and family unit. It can also mean that routine and attending fixed time medication reviews is often difficult. NICE (2008) further recommends access to behavioural training and social support services in addition to healthcare services.

Aim: To implement and evaluate a nurse-led, multi-agency drop in clinic for young people with ADHD.

Intervention: Collaboration with a specialist nursing team and a voluntary organisation providing behavioural and social support services to those with ADHD. Implementation in a non-NHS, city centre location whereby service users could access both health and behavioural support.

Method: repeated measures observational study over 12 months evaluating the impact on access to services during 'crisis' situations, regular attendance at medication reviews, adherence to NICE guidance and service user feedback.

Results: 62 parents/carers participated in the study. All children attending the clinic received at least one medication review in the 12 month period. A significant improvement in service user experience pre, during and post implementation $P=0.001$. The number of crisis management attendances pre and post implementation significantly increased $p=0.005$. Service users attended for their medication review on or before their actual due date $p=0.011$. By previous comparison those who need additional clinic time were able to spend more time with the staff $p=0.001$.

Conclusion: The clinic improved accessibility and flexibility of services, improved adherence to NICE (2008) and improved experience. Further research should examine the cost effectiveness and longitudinal impact of the clinic model.

Poster 78

(446) Prevalence and determinants of frailty and associated co-morbidities among older people in Nepal

Sirjana Devkota, RGN, Research Nurse, Research and Development Aberdeen Royal Infirmary Aberdeen, Aberdeen, UK

Abstract

Background: Population ageing is increasing in low income countries. Despite this, there is distinct lack of knowledge about prevalence of co-morbidities and determinants of frailty among older people in these countries.

Method: We examined data from 'Health and Social Care Needs Assessment Survey of the Gurkha Welfare Pensioners' conducted in 2014. Participants were age ≥ 60 years from Gorakha, Lamjung and Tanahu districts of Nepal. Face to face interviews were conducted using validated questionnaires. Demographic, socio-economic, self-reported symptoms and illnesses were collected. Frailty was assessed using Canadian Study of Health and Ageing (CSHA) scale. Univariable and multivariable regression models were constructed to identify the determinants of frailty defined as CSHA scale ≥ 4 .

Result: A total of 253 participants (32.0% men) were included in this study. Most (82.2%) participants were from Janajati ethnic background. Men who were ex-serviceman had higher educational attainment than women, most of whom (95.3%) were widows of ex-servicemen ($p<0.01$). 48.5% of women lived with their sons whereas 43% of the male participants live with their wives. Women reported higher prevalence of mental health issues such as anxiety and insomnia compared with men. The prevalence of frailty was 46.2% (46.3% in men and 46.1% in women). In this population frailty was significantly associated with older age, smoking, living with son, breathing problems, unspecified pain and fatigue, poor dental health, history of falls and fracture ($p<0.001$ for all) after controlling for potential confounders.

Conclusion: Our study highlights the growing nature of co-morbidity burden and frailty and its determinants in low income setting. Concerted efforts should be made with regard to how best to tackle this globally.

Posters

Thursday 7 April

Poster tour F

Patient experience

Leaving registration at: 13.30

Led by: Dr Colin Macduff, Robert Gordon University, United Kingdom

Poster 25

(260) Using patient experience and feedback to improve attendance at health and well-being clinics

Debbie Provan, BSc Hons Human Nutrition and Dietetics, NHS Ayrshire and Arran, Ayr, UK

Abstract

Background: Transforming Care After Treatment (TCAT), a Macmillan Cancer Support Programme, aims to improve after care for people living with and beyond cancer in Scotland. Under this programme NHS Ayrshire and Arran introduced health and wellbeing clinics (HWBC) at the end of active treatments for people with a diagnosis of breast or colorectal cancer.

The HWBC aims to identify and meet needs, and promote health and well-being. Ongoing monitoring and evaluation of the clinic revealed that uptake and attendance was lower than expected, with only 57% of invitees attending.

The issue of lower than expected attendance was taken to the Service User Group (SUG). The SUG comprises a number of individuals who have had a recent cancer experience, as a patient or carer. They are involved in decision making and service development, ensuring the project is fit for purpose.

Results: The SUG edited the clinic invite letter and recommended a reminder phonecall be introduced pre-HWBC. The impact is significant:

Increased overall attendance by 10%

Reduced non-attendance without cancellation from 20% to zero

Increased user cancellation rate from 24% to 40%, allowing staff to be more efficient and increasing availability of appointments for those in need.

Clinical Nurse Specialists provide patients with verbal information regarding the HWBC, however the volume of information provided at this appointment may impact on information retention. Therefore, the SUG also developed a leaflet outlining the HWBC purpose and encour-

aging attendance. This will be introduced imminently.

Discussion: This work demonstrates the value of ongoing user involvement in the development of an intervention, allowing rapid feedback and insight into experiences. Uptake of our HWBC will continue to be monitored and in addition to ongoing review by our SUG, we have extended our evaluation activities to capture key reasons for non-attendance directly from patients.

Poster 26

(258) End of treatment summaries: their local impact to-date in Ayrshire and Arran

Debbie Provan, BSc Hons Human Nutrition and Dietetics, NHS Ayrshire and Arran, Ayr, UK

Abstract

Background: The Transforming Care after Treatment (TCAT) programme aims to improve the after care for people living with and beyond cancer in Scotland. It is a partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland, Local Authorities and Third Sector organisations. A main aim of TCAT is to introduce 'End of Treatment Summaries' (EoTS) documentation to improve communication between secondary and primary care, and the patient regarding consequences of treatment, signs and symptoms of a recurrence and any agreed actions. The patient receives a copy to enable self-management and to empower the patient to actively manage their own health and well-being.

Methodology: To inform practice and future decisions about implementation the Ayrshire and Arran TCAT team undertook a Quality Improvement Cycle during September 2015. An electronic questionnaire was sent to 19 GPs all of whom should have received an EoTS. A paper questionnaire and stamped addressed return envelope was posted to 21 patients who had had an EoTS between Jan 2015 and Aug 2015.

GP Results: 6 GPs (31%) responded. GPs (n=5) commented that the EoTS aided discussion with patients, and supported completion of insurance forms, Key Information Summaries and Anticipatory Care Plans. They also supported decisions about the patient's condition/care/management (n=2), helped the GP understand the patients diagnosis, treatment and ongoing needs (n=3), and improved communication with the patient (n=2).

Patient Results: Respondents (n=3) stated they found it easy to understand and all had discussed it with their primary care practice. It allowed them to understand the ongoing effects of radiotherapy and encouraged them to take actions which supported their ongoing health and well-being e.g. accessing services, maintaining a healthy weight and exercising despite fatigue.

Conclusion: Overall, these are encouraging results and show the necessity to conduct a quality improvement cycle before embarking on full implementation.

Poster 27

(265) How much is enough? Using Delphi to determine minimum clinical contact time to ensure military nurses are ready for contingency operations.

Gary Kenward, MSc BSc(Hons) RN, MoD. QARANC, Camberley, UK

Abstract

Background: There is limited evidence exploring the time required in practice to maintain clinical competence. Revised NMC guidance stipulates a minimum number of clinical hours over a 3-year period. However, in the context of military nurses who may deploy at short notice this may not provide sufficient assurance of competence. With multiple demands on time a policy is required to ensure military nurses are prepared for role.

Aims: Gain consensus on the amount and type of clinical contact time needed to ensure nurses are prepared for short notice deployment and, to develop policy from the evidence.

Methods: A detailed literature review and a two round Delphi study conducted between 13 Nov 15 and 11 Jan 16. Delphi panel members included Heads of the three nursing services and nominated senior clinicians who retain a strong link with clinical practice.

Results: The literature provided themes to develop statements for Round 1 of the Delphi, including; minimum time required in clinical practice for role; returning to practice; perceptions about part-time workers; leadership opportunity; confidence and maintaining competence. Delphi results available in Jan 2016.

Discussion: Time out of practice results in skill depreciation. Currently there is limited consensus about what constitutes the 'minimum'

clinical contact time needed to be competent and confident in practice. Part-time practice not only affects clinical competence, but also confidence, leadership opportunity and the perceptions of others. This Delphi service evaluation provides a consensus that will inform policy for military nurses.

Conclusions: This study was conducted in relation to military nursing staff but may be of interest to employers of bank, agency and other part-time workers in the clinical setting.

Poster 28

(415) Pilot evaluation of utilising mental health nurses in the management of ambulance service patients with mental health problems

Angela Harris, Bsc Msc, University Of Sheffield, School Of Health And Related Research (SchARR), Health Services Research Section, Sheffield, UK

Abstract

Introduction: Managing the increased demand for emergency care is a problem in the UK and internationally. Available evidence highlights scope for improvement in the delivery of care for patients with mental health problems. The purpose of this paper is to describe an ongoing initiative in one Ambulance Service Trust in England utilising specialist triage by mental health nurses since December 2014.

Methods: An exploratory mixed methods evaluation was conducted. Interviews (n=12) with key stakeholders in the ambulance service were conducted to explore their experiences of service provision for patients with mental health problems and the impact of introducing Mental Health Nurse triage in the EOC. Interview data was coded and thematically analysed to identify key issues around service delivery for patients with mental health problems. Routine data from ambulance service computer aided dispatch was used to examine impact on patient care and resource allocation.

Findings: Initial findings indicate that access to the specialist expertise of mental health nurses has reduced the ambulance response rate by clinically triaging calls for patients with mental health problems and only sending a resource where appropriate. Staff interviews revealed the developmental process and challenges involved in implementing the mental health triage initiative, for example, recruitment, training and governance. Staff perceptions of the initial positive impact of the mental health nurses include the delivery of more appropriate patient care, reduced anxiety for staff managing calls and improvements in general workforce morale.

Conclusions: Despite the relatively short time period since the inception of this initiative, preliminary findings from this pilot evaluation

suggest a positive impact on service delivery from a patient and organisational perspective. Lessons learned from the implementation of this initiative and its progression are potentially informative for other Ambulance Service Trusts considering adopting a similar approach to using specialist nurses to triage patients.

Poster 82

(127) A mixed methods evaluation of the impact of 'Compassion in practice: nursing, midwifery and care our vision and strategy' on staff experience in NHS Trusts in England.

Professor Helen Allan, PhD BSc (Hons) RN RNT, Chair in Nursing, Middlesex University, Hendon, London, UK

Abstract

Background: the Compassion in Practice: Nursing, Midwifery and Care Staff Vision and Strategy was launched by the Department of Health in 2012 prior to the Report of the Francis Inquiry in 2013.

Aims: This paper presents findings from the evaluation of the impact of 'Compassion in Practice Strategy' on staff experience in NHS Trusts in England.

Methods: The evaluation in 2015 used a mixed methods design including a) an online survey of 36 randomly selected Trusts in England; b) a scoping of the literature; c) nine qualitative interviews with staff in 10 case study sites selected from the Trusts who had participated in the NHS England survey; d) analysis of Staff Family and Friends Test data, Patient Family & Friends Test data in each selected case study site where it was available and analysis of NHS Staff Survey data. There were 2,267 responses to the online survey.

Findings/Results: The evaluation found that existing awareness and involvement of staff in Compassion in Practice is considerable amongst middle and senior management but limited at ward level. Ward staff face challenges in delivering compassionate care including a bullying work culture and structural constraints related to staffing levels and funding.

Conclusions: The Compassion in Practice Vision and Strategy must be extended to all staff so that it becomes embedded across all roles and all types of Trust. Communication about Compassion in Practice should be cascaded more effectively across the NHS and good practice should be shared. Recognition and action is needed at the Trust leadership level and from NHS England to address the challenges staff face in delivering care. We present our recommendations for future policy in this area.

Poster 83

(128) Findings from an ethnographic study of governing body nurses' roles on clinical commissioning groups in England: embattled nursing leaders?

Professor Helen Allan, PhD BSc (Hons) RN RNT, Chair in Nursing, Middlesex University, Hendon, London, UK

Abstract

Background: Governing body nurses are expected to bring a nursing view on all aspects of Clinical Commissioning Group business. The role requires a senior level appointment and experience of commissioning. Research suggests that the role of the governing body nurse is shaped by the constraints of new public management

Aim of the paper: to report empirical findings about the governing body nurse role.

Methods: Data collection from ethnographic case studies of two purposively sampled CCGs in London, from January 2015 to July 2015 which were selected for typicality of the governing body nurse role. Data collection included ethnographic observations of seven meetings, three informal ethnographic observation sessions, and eight ethnographic interviews, over a period of six months. Transcribed data were analysed thematically.

Findings: Our findings suggest that GBNs may enact their role and their professional identity very differently depending on whether they have a full time or part time role, but all face challenges to their professional identity and authority. We explore these challenges in this paper: tensions of retaining a patient centred focus in CCG work; professional and lay relationships, and; dimensions of leadership and professionalism within a nursing discourse.

Conclusions: Our findings capture the complex relationship structures and professional frameworks that effect how governing body nurses operate within clinical commissioning groups and the implications of those relationships for professional identities of GBNs in a multi-professional context. We illustrate how a nurse's professional identity is problematised in the CCG in the context of the traditional forms of professionalism based on clinical authority. In doing so, we address a gap in the literature and suggest future research questions about nursing leadership roles.

Poster tour G

Workforce and employment issues

Leaving registration at: 13.30

Led by: Professor Bridie Kent, Plymouth University, United Kingdom

Poster 30

(409) A mixed methods study to examine the organisational structure of the clinical research nurse workforce in NHS Acute trusts across the UK

Helen Jones, RGN BSc (Hons) MSc, Matron for Research, Guys and St Thomas NHS FT, London, UK

Abstract

Aim: To map the development of the national Research Nurse workforce and determine the most effective structure in order to ensure successful recruiting into the research portfolio and adherence to relevant legislation.

Background: There has been a significant development of the Clinical Research Nurse role especially in the last 15 years since the establishment of the Research Networks and the National Institute of Health Research (NIHR). Many organisations now have a growing research nurse workforce but there are inconsistencies in their structure, management and awareness across their local clinical colleagues. There is also no empirical data on its structure or size.

Method: An online survey was designed around a framework that examined the 6 challenges of quality improvement (Bate et al). From the 178 Research active organisations identified using the NIHR annual recruitment figures, the survey was then sent to the Lead Research Nurse or someone who had awareness of the research nurse workforce during summer 2015.

Results: A response rate of 81.5% (111/136) was achieved. Of these 83% (92/111) were fully completed. The survey has provided valuable data on the wide range of different team structures, training support, understanding and awareness of the role and the impact of organisation wide technology changes.

Discussion: This survey has identified how different NHS Acute trusts have approached the management and support of their growing research nurse workforce. It has helped to initially map some of the contemporary challenges that Research Nurses manage.

Conclusion: This survey has given the first initial overview of the national Research Nurse workforce. It has provided valuable data on the experience of the workforce as well as how they believe they are perceived by clinical colleagues. Phase 2 of the project will involve in-depth case

studies of four purposively sampled NHS Acute Trusts.

Poster 33

(310) Compassionate care for staff?: A scoping study using the 6Cs to explore the nursing work environment and culture in an older person's unit

Dr Jocelyn Cornish, PhD, BSc, RN, CLTHE, Lecturer, King's College London, London, UK

Abstract

Background: The 6Cs: care, compassion, commitment, communication, competence and courage, were identified as important values for nurses to provide compassionate, quality patient care (NHS Commissioning Board 2012). Demonstration of these values by nurses caring for patients is a prominent focus in the literature, however, other evidence suggests that attention to staff well-being and provision of the right culture and work environment has beneficial effects on care outcomes (Maben 2012; Dixon-Woods 2014).

Aims: This study explored how the 6Cs were demonstrated in the provision of a work environment and culture for nursing staff.

Methods: Using a volunteer sample, non-participant observations (n=28 hours; June-September 2014) and interviews with staff (n=7; December 2014) were conducted in one Older Person's Unit. The resulting qualitative data were thematically analysed and mapped to the 6Cs definitions.

Results: The organisation was perceived as providing a positive work environment with staff reporting access to: training, equipment, and opportunities to raise concerns, but this varied across the Unit. Staff provided peer support at ward level and were supported by senior managers. However, examples were also reported when staff could not access training, did not work together or have enough equipment and when their concerns were not addressed. Senior managers were constrained by a lack of funding, cumbersome processes or deficient infra structure for the acquisition of necessary resources.

Discussion/Conclusions: Demonstration of the 6Cs in the provision of a positive work environment and culture for staff in one Unit was variable. Deficiencies in providing necessary resources to create the right environment for nurses to perform their role presented potential safety risks and showed a lack of compassionate care for staff. This was dissonant with the requirement that staff provide compassionate care for patients.

Poster 34

(6) The development of the Chinese Health Improvement Profile (CHIP) for improving the physical health of people diagnosed with severe mental illness

Dr Daniel Bressington, RN(Mh) PhD PGCAP BSc(Hons) DipHe, Assistant Professor, School of Nursing, The Hong Kong Polytechnic University, Kowloon, Hong Kong

Abstract

Background: People with severe mental illness (SMI) frequently receive inadequate physical health care and die on average 20 years younger than the general population. Mental health nurses report awareness of the need to address physical well-being but often overlook this aspect of their role. Encouraging evidence from western countries shows that comprehensive assessment of both the physical health state and health behaviours of patients can help direct effective client-centred interventions.

Aims: Explore the acceptability of using enhanced health checks to improve the physical well-being of Chinese people diagnosed with SMI.

Adapt the UK-developed Health Improvement Profile (HIP)[1] to suit the cultural/clinical context of Hong Kong.

Methods: This qualitative study explored Hong Kong Community Psychiatric Nurses' (CPNs) perceptions of using comprehensive physical health checks in SMI. Eleven CPNs attended individual interviews to explore their experiences using the HIP over one year. Data were transcribed and analysed using inductive thematic analysis.

Results: The CPNs appreciated the holistic physical health screening. They reported an increase in clients' motivation to improve their physical health and also noted observable benefits in well-being. The use of the HIP also helped the CPNs identify implementation barriers and highlighted areas of the intervention that required modifications to suit the local context.

Discussion: The results are similar to those reported in non-Asian settings, and highlight the benefits/challenges of promoting the physical health of people with SMI globally. Findings suggest that an intervention originally developed in the UK is viewed as being acceptable and potentially beneficial in the Hong Kong mental health setting.

Conclusions: The suggested modifications to the HIP tool have been used to develop the CHIP, which is being tested in a cluster-randomised controlled trial.

Poster tour H

Public health

Leaving registration at: 13.30

Led by: Dr Julie McGarry, University of Nottingham, United Kingdom

Poster 35

(266) The impacts of a health education programme on primary school teacher's knowledge and attitudes towards type 1 diabetes mellitus in children in Saudi Arabia

Buthaina Aljehany, University of Salford, Manchester, UK

Abstract

Introduction: The incidence of T1DM for children <15 years in Saudi Arabia (KSA) is 36.99/100,000 (Abduljabbar et al., 2010). Annual incidence above 20/100,000 is classified as high (Patterson, 2009). Schoolteachers are important for secondary prevention, treatment and management of T1DM, representing potential first-respondents during diabetic crises. They need to be knowledgeable about common health emergencies and diabetic emergencies (Weingarten et al., 2009).

Aim: To assess the impact of a health education programme on primary schoolteachers' knowledge and attitudes towards T1DM in children attending schools in Jeddah city, Western KSA.

Methods: A quantitative, quasi-experimental (repeated measures) non-equivalent groups, pre-test, post-test- follow-up design was adopted. Data collection was undertaken between September 2013 and March 2014. A structured, multiple-choice, closed-ended, self-administered questionnaire was employed, based on the literature and provided in Arabic. A total of 540 teachers were recruited (360 experimental and 180 control group) in equal numbers by gender since schooling in KSA is separated by gender for pupils and teachers. The intervention was an educational programme in the form of a series of lectures and activities. Additional reading materials were provided. Data analysis was conducting using ANOVA.

Results: At pre-test, there were no significant differences in teachers' knowledge or attitude between the control and experimental groups. At three-month post-test, both knowledge and attitude were increased significantly in the experimental group. There were no significant differences in the knowledge or attitudes scores for the control group. In the follow-up test and over six months, after the pre-test the significant increase in the knowledge scores of the experimental group ($F=144.605$, df_2 , $p=0.001$) and the significant increase in their attitudes scores

($F=5.022$, df_2 , $p=0.007$) were not seen in the control group.

Conclusion: The educational programme impacted positively on teachers' knowledge and attitudes. Health education programmes should be integrated into the national child health programme.

Poster 36

(334) Healthy conversation skills: an intervention to improve the nursing workforce's skills in supporting behaviour change

Julia Hammond, RGN RM MSc, Senior Research Sister, MRC Lifecourse Epidemiology Unit, University of Southampton, Southampton General Hospital, Southampton, UK

Abstract

Background: Nurses and other health practitioners can improve health through supporting lifestyle changes. Healthy Conversation Skills (HCS) are designed to support behaviour change, and encourage (1) the ability to create opportunities to initiate conversation; (2) use of 'open discovery questions' (ODQs); (3) listening skills; and (4) supporting goal-setting. The impact of HCS training on staff practice was examined in Sure Start Children's Centres in the UK.

Aim: to examine the effectiveness of Healthy Conversation Skills training in changing practice.

Methods: 148 practitioners completed training. Skill use was assessed immediately before and after training and differences tested using Wilcoxon matched-pairs signed-rank test. Competence was examined 3 months later and scored against a standardised rubric. A year post-training, sustained skill use was assessed by comparing observations of trained staff with those of untrained staff. A random effects logistic model compared frequencies with which skills were used.

Results: Trainees responded using significantly more open-discovery questions after training than before ($p < .001$). They demonstrated medium to high levels of competence (median score 3 out of 4 (IQR: 2-3)) in asking ODQs and creating opportunities, but did less well with the other skills. 168 conversations with clients were observed. The first three skills were used significantly more by staff in the intervention site than by staff in the comparison site: (1) 48%:29% ($p=0.02$); (2) 59%:20% ($p<0.001$); (3) 84%:60% ($p=0.02$).

Discussion: Healthy Conversation Skills training produces sustained change in the practice of health care staff who demonstrate an empowering style of interaction known to be supportive of behaviour change.

Conclusions: The potential impact of this training on the practice of midwives and on the diets and lifestyles of the women they support is currently being tested in the Southampton PRegnancy Intervention for the Next Generation (SPRING).

Poster 37

(378) Binaural beat technology: Can it really affect cardiovascular stress response?

Lieutenant Colonel Melisa Gantt, PhD, RN, CNOR, RNFA, Director, CNSCI, Landstuhl Regional Medical Center, Landstuhl, Germany

Abstract

Background: Binaural Beat Technology (BBT) is an auditory-neurophysiologic technique using differing tones, embedded in music, to impact brainwave activity. Although BBT is widely available commercially; only a handful of studies have assessed its efficacy.

Aims: The purpose of this prospective, double-blinded, randomized control trial was to assess the effect of BBT (theta brainwave frequency) on cardiovascular (CV) stress response.

Methods: Seventy-four United States military service members, with post-deployment anxiety, were randomized into two groups (music with BBT and music without BBT). Groups were exposed to their respective intervention for 30 minutes minimum at bedtime, three times a week, for four weeks. Pre and post CV stress tests were conducted to assess the effect of the technology.

Results: A 2x2 mixed ANOVA found a significant difference ($F[1, 63]=7.56$, $p=.008$ [$\bar{I} \cdot 2=.107$]) in Low Frequency measures; the Music with BBT group decreased while the Music Only group increased (Pre=77.83, Post=75.33 vs Pre=66.42, Post=74.41). A significant difference was also found in High Frequency measures ($F[1, 63]=7.56$, $p=.008$ [$\bar{I} \cdot 2=.107$]); the Music with BBT group increased while the Music Only group decreased (Pre=22.17, Post=24.67 vs Pre=33.58, Post=25.94). Finally, the Music Only group significantly decreased ($F[1, 57]=4.39$, $p=.041$ [$\bar{I} \cdot 2=.072$]) in Total Power measures compared to the Music with BBT group (Pre=2098.90; Post=985.26 vs Pre=1249.75; Post=1223.07).

Conclusion: When placed under an acute stressor those who used BBT showed decrease in sympathetic response and increased in parasympathetic response; those who did not had the opposite effect. Overall, those who did not use BBT exhibited more CV evidence of chronic stress exposure.

Discussion: This technology has shown that it can indeed affect CV response to stress. Its easy and inexpensive commercial availability warrants further research, distributor oversight, and consumer safety measures.

Poster 38

(323) Exploring type 2 diabetes, alcohol use and lifestyle modifications: a systematic literature review

Christine Mantzouka, Leeds, UK

Abstract

Background: The literature identifies an increase of type 2 diabetes (T2D) in developed and developing countries. Furthermore, alcohol consumption beyond moderate portions contributes to the onset and exacerbation of T2D. Individuals with T2D and alcohol use have a two-fold increased risk of exhibiting negative feelings, diminished levels of well-being, and negative sentiments.

Aim: To explore interconnectedness of T2D, alcohol use and well-being, and to identify the needs of these individuals in adapting to new lifestyles.

Methods: A systematic literature review was carried out during 2014, using multiple electronic databases as to find relevant studies published between 2008 and 2014.

Results: A total of 1453 relevant articles were retrieved and assessed using the inclusion/exclusion criteria (1374 articles and 79 documents from grey literature). The PRISMA flowchart was used as to audit the search process that concluded to a total of 30 full-text studies fully meeting the review criteria. The CASP tool for evaluating qualitative and quantitative studies was used to assess these articles.

Discussion: A total of five themes were developed, namely: 1) T2D and alcohol consumption, 2) well-being of alcohol dependent T2D individuals, 3) the illusion of change as a barrier to genuine lifestyle modifications, 4) healthcare professionals' role in supporting T2D individuals and stigma, 5) social networks and well-being of alcohol dependent T2D individuals.

Conclusions: Dealing with the physical, psychosocial and environmental aspect of alcohol consumption and T2D requires person specific treatments. Furthermore, it requires support for rationalizing the T2D condition and for achieving a balance between the idealised and the pragmatic lifestyle aspirations. Self management and ownership of the treatment process is crucial in addressing the emotional/existential challenges of living with T2D. Lastly, the inclusion of the patients' social networks in the disease management promotes a sense of health and well-being.

Poster 39

(324) An integrated literature review to explore the factors which facilitate and impede the implementation and reach of lay health worker programmes aimed at promoting influenza vaccination

Dr Sherrill Snelgrove, PhD RGN, Senior Lecturer, Swansea University, Swansea, UK

Abstract

Aim: To explore factors which facilitate and impede the implementation and reach of Lay Health Workers (LHW) programmes aimed at promoting flu vaccination.

Background: LHW based promotion strategies are recommended for the promotion of immunisation Lewin et al. (2009). There is little information about the factors which facilitate and impede the implementation and reach of LHW programmes aimed at promoting flu vaccination.

Methods: A comprehensive integrated literature review was undertaken in the U.K between 5th and 15th January 2015. The search strategy was adapted from Lewin et al. (2009) and Daniels et al. (2014). The following bibliographic databases were searched: Medline (Ebsco); Cinahl (Ebsco); ASSIA (ProQuest); CENTRAL (Cochrane Library via Wiley); SCOPUS; Web of Science - Core Collection.

Results: The electronic search revealed 428 articles. After independent review and consensus between reviewers the final number of included articles was 30. The range of literature was limited, mainly from North America, USA, with few studies having been conducted in the UK. Three themes were identified: Lay health workers in influenza vaccination projects and lay health beliefs, organisation and planning for flu vaccination projects involving LHWs; community ownership and partnership working. The quality of the included articles was evaluated using modified versions of the 'Critical Appraisal Skills Programme' assessment tools (CASP), Public Health Intervention evaluative questions and economic evaluation criteria.

Discussion: We discuss key findings, the range and quality of the evidence. For example, many studies reported little about the LHWs in terms of their recruitment, characteristics, their perceptions of the programme and attrition rates. Studies tended to focus on impact and outcomes mainly vaccination uptake, with limited attention given to process outcomes.

Conclusion: The findings from this review will inform future provision of lay health worker influenza projects to influence health outcomes and contribute to reduction in health service costs.

Poster tour J

Primary and community care

Leaving registration at: 13.30

Led by: Professor Austyn Snowden, Edinburgh Napier University, United Kingdom

Poster 40

(244) How community nurses perceive the use of health plans in the communication of health needs of children and young people with learning disabilities.

Lucy Riggs, R.N.M.H. Msc Clinical Research Methods, City Health Care Partnership CIC, Hull, UK

Abstract

An exploratory study of how community nurses perceive the use of health plans in the communication of health needs of children and young people with learning disabilities.

Background: Children with learning disabilities have both a higher incidence of health conditions and health inequalities than their peers. They often require care in multiple environments and from multiple caregivers. Community nurses are involved in writing health plans for these children.

Aims: The aim of this study is to explore the perceptions of community nurses on how health plans can effectively be used to communicate the health needs of children with learning disabilities.

Methods: This qualitative, exploratory, descriptive study used purposive sampling and involved eight children's community nurses, participating in focus groups. Two focus groups were audio recorded and the transcriptions were analysed using thematic analysis.

Results: The analysed data resulted in three inter-related themes; (i) tension between specific health plans vs overall picture of the child, (ii) writing health plans, and (iii) sharing health plans.

Discussion: Health plans can provide succinct, prescriptive health information as well as more detailed and descriptive information about the child. It is unclear who is responsible for writing and updating health plans, leading to lack of consistency and clarity regarding the accuracy of the plans. Confusion about sharing health plans with relation to data protection results in the potential for multiple duplicate plans in multiple areas rather than one comprehensive health plan in use in all areas and with all carers.

Conclusions: This study highlights that for effective communication of health needs, accurate health plans need to be accessible to parents, caregivers and professionals. Further

clarification is needed regarding roles and responsibilities with regard to writing, maintaining and sharing health plans. Findings support the potential benefits incorporating health plans into integrated, shared, digital information systems.

Poster 41

(457) Promotion of oral health in elderly residential care: a review of the literature.

Brendan Garry, BSc Adult Nursing (Distinction), District Nursing Student, Guy's and St. Thomas NHS Foundation Trust, London, UK

Abstract

Background: Oral healthcare is recognised internationally as a neglected area of aged care provision (Kossioni, 2013). Evidence irrefutably links periodontal disease with numerous systemic diseases and can have a devastating effect on a person's quality of life. An aging population, with increasing co-morbidities (Vos et al., 2015) will only add to the task for older people and their caregivers in maintaining optimal oral health (Public Health England, 2015).

Aims: The aim of this review was to identify enablers and barriers to the effective promotion of oral health in elderly cohorts within residential aged care.

Methods: A review of the literature was undertaken using databases from EBSCOhost Research including CINAHL Complete, Academic Search Complete, Medline, PsycArticles, and PsycINFO between 2005 and 2015. Boolean phrasing and commands were utilised with the keywords 'oral health', 'dental health', 'mouth care', 'oral hygiene', 'aged care', 'nursing home', 'residential aged care', 'long-term care', 'care*', 'nurs*', 'caregiver', 'community nurs*', 'older people', 'older adults', 'geriatrics', 'elder*', 'promot*', 'limitation*', 'constraint*', 'barrier*'.

Conclusions: Thematic analysis established educational, attitudinal and organisational aspects. Subsequent synthesis developed numerous barriers including lack of oral health education training, lack of support, oral health values, beliefs, resident and practitioner resistance and limited access to dental treatment. Enablers included oral health education and oral health assessment tools.

Recommendations: A multi-disciplinary, multi-faceted approach is required, to remove the barriers at all levels in the promotion of oral health in aged care. Consideration should be given to the introduction of oral health educational programmes and the implementation of oral health assessments. Oral health promotion in domiciled aged care requires further research, as both a preventative measure and improve-

ment in quality of life for elderly people in aged care.

Poster 43

(364) How prepared are informal carers of patients with advanced COPD and what are their support needs?

Dr Morag Farquhar, RGN BSc (Hons) MSc PhD, Senior Research Associate, Dept of Public Health & Primary Care, University of Cambridge, Cambridge, UK

Abstract

Aims: Chronic obstructive pulmonary disease (COPD) is a chronic progressive condition which, when advanced, can lead to high carer-burden. We know about carer burden in advanced COPD but lack good research evidence on the needs of these carers and how best to support them. Our aim is to describe the support needs of carers of patients with advanced COPD and their preparedness to care.

Methods: Mixed method baseline interviews with a cohort of 115 informal carers of patients recruited from a primary care population base in the East of England to the longitudinal Living with Breathlessness study. Quantitative carer measures include Preparedness for Caregiving Tool, Carers Support Needs Assessment Tool and Hospital Anxiety and Depression Scale analysed using descriptive statistics. Purposively sampled qualitative data analysed using a framework approach and multiple-perspective case study methodology.

Results: Carers had been in their caring role for a median duration of seven years, were older and usual spousal. We identified unmet carer support needs and a lack of preparedness to care, as well as a likelihood of clinical anxiety and depression that was higher than population norms. Carer support needs were negatively correlated with mean preparedness to care.

Conclusions: Caring in advanced COPD is prolonged, yet carers identified unmet support needs and a lack of preparedness to care. Improving carer preparedness to care may go some way to meeting carer support needs in advanced COPD, and vice versa.

Poster 44

(370) Can we enable patients to express support needs in advanced non-malignant disease? Testing a prototype tool for use within a new support needs approach for patients

Dr Morag Farquhar, RGN BSc (Hons) MSc PhD, Senior Research Associate, Dept of Public Health & Primary Care, University of Cambridge, Cambridge, UK

Abstract

Background: The population-based Living with Breathlessness Study identified limited reporting of support needs to health care professionals (HCPs) by patients with advanced chronic obstructive pulmonary disease (COPD) and, crucially, the difficulties patients face in expressing their needs. This has important implications for support needs identification and response by HCPs.

Aim: To explore the feasibility and acceptability of a tool to enable expression of support needs in clinical practice by patients with advanced COPD.

Methods: Informed by, and modelled on, the evidence-based Carer Support Needs Assessment Tool approach (CSNAT) we developed a prototype tool to enable expression of support needs by patients. The prototype was self-completed by 147 patients with advanced COPD. The potential role of the tool in clinical practice was explored in qualitative interviews with a purposive sample of HCPs and in a stakeholder workshop. Data analysis included frequency counts (quantitative) and a framework approach (qualitative).

Results: The prototype tool enabled patients to consider and express a range of support needs: knowing what to expect in the future (36%), practical help (36%), understanding their illness (35%), looking after other health problems (35%), knowing who to contact if concerned (30%), managing symptoms and medications (30%), dealing with feelings and worries (27%), and accessing equipment (27%). Patients were also able to prioritise their needs. These unmet support needs existed despite (or because of) living with COPD for a median of 10 years. The prototype was well received by patients, HCPs and stakeholders who could envisage use in practice.

Conclusions: The tool is now being formally developed, grounded in patient data from the Living with Breathlessness Study, and will be tested within a person-centred approach for identifying and responding to patient-identified support needs.

Poster tour K

Long-term conditions

Leaving registration at: 13.30

Led by: Faith Gibson, London South Bank University, United Kingdom

Poster 45

(388) The experiences of acute medicine care in patients from Black and Minority Ethnic (BME) backgrounds admitted with heart failure.

Selina Jarvis, BSc (Hons), MSc, B.A, M.A (Hons), Kings College Hospital, London, UK

Abstract

Introduction: Heart failure (HF) is a common long-term condition (LTC) which leads to frequent hospital readmissions.¹ Cardiovascular diseases, leading to HF, are more common in Black and minority ethnic (BME) populations and racial disparities are well-recognised.² Recently, less positive patient experiences in BME groups have been highlighted by the NHS patient survey programme (NPSP) during A&E and inpatient admissions. Since the NPSP asks generic questions, this makes it difficult to gain a thorough understanding for reasons underpinning such variation. Furthermore, it is not clear whether the questions asked by the NPSP are representative of patient priorities during an acute medical admission.³ Since high quality patient experiences are associated with better outcomes, gaining a deeper understanding is a priority.

Aims: A qualitative study was designed to understand acute medicine experiences of patients with HF.

Methods: Individual patient interviews were conducted in privacy with stable patients recovering from an acute exacerbation at a tertiary hospital, which serves a high proportion of BME patients. Semi-structured interviews elicited spontaneous and prompted descriptions of patient experience. Interviews were recorded, transcribed, manually coded and a thematic extraction using inductive and deductive approaches undertaken.

Results: 27 semi-structured patient interviews were conducted with BME (48.6%) and non-BME patients (51.4%) with a mean age of 72.7 years. Six main themes were extracted from 27 interviews which included good communication, timely management, specific attention for HF status. Stark differences regarding perceptions of 'being treated with respect and dignity' were observed between BME and non-BME patients.

Conclusions: We gained insight into experiences of patients with acute HF. BME patients reported some differences in their perceptions

of patient experience to non-BME patients. Some aspects are captured by NPSP surveys, but others are not and questions around respect and dignity are given less weight by BME patients in an acute setting.

Poster 47

(319) Primary Percutaneous Coronary Intervention (PPCI) patient experiences of cardiac rehabilitation

Dr Heather Iles-Smith, PhD, MSc, RGN, Head of Nursing Research and Innovation, Leeds Teaching Hospitals NHS Trust, Leeds, UK

Abstract

Purpose: Less than 53% of PPCI patients attend cardiac rehabilitation (CR) program (Iles-Smith, 2012) despite the known benefits to cardiac patients (Hedback, 2001, Balady, 2007). Few changes have been made to the CR program to accommodate PPCI since its wide scale introduction in the UK despite a now younger cohort. The CR requirements of PPCI patients is under explored. This study investigated attendance at CR and explored the experiences of PPCI patients who attended CR.

Methods: A mix methods study (n=202) investigated attendance at and experiences of CR for PPCI patients who were and were not readmitted (due to potential ischaemic heart disease (p-IHD) symptoms) within six months of STEMI. Quantitative data included number of participants (readmission vs no-readmission groups) attending CR. Qualitative interviews on one occasion explored the re-admission groups experiences of CR; sampling was purposive, data collection and data analysis occurred concurrently. Data was organised using Framework analysis. Constant comparative analysis based on deduction and induction identified themes and sub-themes.

Results: 35.1% (13/37) of readmission and 56.8% (92/162) of non-readmission group attended CR fully; 25 participants (14 men, 27-79 years) were interviewed. Themes identified mixed experiences of attendance at CR, 1) CR led to increased confidence and fitness and helpful information for some attendees, 2) younger men reported that they believed CR was for older people and the exercises were too easy, 3) participants believed the programme to be too physically orientated and, 4) insufficient stress management and symptom regulation education included.

Conclusion: Adaptations to CR programme with increased flexibility of the service may meet the individual needs of more PPCI patients. Additional focus on symptom management and stress reduction with greater education around what exercises are safe and beneficial may all increase up-take of the service by this group.

Poster tour

Late-breaking

Leaving registration at: 13.30

Led by: TBC

Poster 79

(449) Using the patient narrative to contribute to clinical guideline development

Amy Ferry, BSc, Centre for Cardiovascular Science, University of Edinburgh, Edinburgh, UK

Abstract

Background: Suspected acute coronary syndrome is the commonest reason for emergency admission to hospital (Makam, 2015). Strategies to identify low-risk patients suitable for immediate discharge would have major benefits. As part of a clinical trial in patients with acute coronary syndrome (High-STEACS/NCT 01852123), the potential for high-sensitivity cardiac troponin assays to permit clinicians to rule out myocardial infarction earlier and discharge patients directly from the Emergency Department is being evaluated. Clinical guidance is being developed to incorporate this change into clinical practice (Shah et al., 2015)

Rationale: Understanding the patient experience of chest pain assessment will give valuable insight into the practical application of a new chest pain pathway supporting early discharge.

Methods: Qualitative methodology using in-depth, face to face, semi-structured interviews for an interpretive analysis of the lived experience of chest pain assessment in the Emergency Department Study participants: 23 men and women recruited from a sub-study to the High-STEACS clinical trial using purposive sampling to ensure representation across age and gender.

Findings: The timing and affective nature of discussion around diagnostic testing may have an impact on how patients are able to interpret the negative test results on which their discharge is based. For some patients, the theme of 'Unfinished business' was evident in those receiving a negative troponin result.

Conclusion: Consideration of the patient narrative has revealed that confirmation of the absence of disease does not necessarily satisfy care needs, or fit with the patients' own interpretation or experience of symptoms. Qualitative methodology has identified how understanding the essence of patient experience can impact the effectiveness of new clinical guidelines.

Poster 80

(465) Re-Aiming the SMaRT Intervention

Dr Teresa Sakraida, PhD, RN, Associate Professor, Florida Atlantic University, Boca Raton, US

Abstract

Background: Self-management in stage 3 Diabetic Kidney Disease (DKD) slows and even halts progression. Effective interventions actively engage the patient in goal setting, planning, and information use. We implemented a self-management and resourceful transition (SMaRT) intervention that included 5 DKD learning modules delivered via CDROM over 3 weeks in 2-hour lab sessions and telephone counseling using motivational interviewing. One means to assess acceptability is by patient satisfaction. In this study report, we re-aim (Glasgow, 2001) from assessed patient satisfaction (acceptability) in order to refine the SMaRT modules.

Method: Enrollment was from specialty clinics. Of 179 patients eligible, 20 did not meet inclusion, 88 declined, and 33 were excluded for other reasons. Of 38 randomized, 12 withdrew with reasons of too busy, moved, dialysis, and caregiver burden. Intervention participants (n= 13) completed post module (modules 1 to 5) evaluation surveys that asked what was least valuable, most valuable, and needs improved. A qualitative content analysis by two expert nurses identified themes.

Results: Withdrawals were balanced, leaving 13 subjects per group. Program satisfaction per group did not differ, suggesting the control group was placebo unaware; equal satisfaction likely contributed to balanced missing data and withdrawals between groups.

Themes were: (a) Module 1- good pace, add reference links; (b) Module 2-well put together, add reference links; (c) Module 3- make longer, add pre-test/post-test; (d) Module 4- make longer, current format order good; (e) Module 5- make longer, activity centered learning. Of the 13 intervention participants, 10 liked the computer use and 3 did not, with themes of technology anxiety and person-centered relating.

Conclusion: Intervention satisfaction occurs when participants favor computer assisted learning. Determining the intervention match to the participant is a factor. Refinements to modules include a pre/post assessment with hypermediated links to module content, more activity centered learning, and hyperlinking references.

Poster 81

(467) Evaluating antenatal weight management programmes: What works?

Sarah Macaulay, Ulster University, Newtownabbey, UK

Abstract

Background: Maternal overweight and obesity are major public health concerns with approximately one in five pregnant women in the UK being classified as obese. It is well documented in the literature that maternal obesity increases a woman's and baby's risk of developing complications such as gestational diabetes and macrosomia. In response to the increased prevalence of women who are overweight or obese and associated complications, guidelines and antenatal weight management programmes have been implemented. In order for future programmes to be effective at improving the short and long term health outcomes for the woman and her baby, it is important to determine what works (or not) and in what circumstances.

Aim: To identify and analyse components of the planning and implementation phases that lead to positive outcomes.

Methods: Purposive sampling was used to collect data from Trusts (n=162) between May and July 2015 using a web-based questionnaire to gather information on the components of the planning, implementation and evaluation phases of programmes. Preliminary analysis has been undertaken using descriptive statistics and Fisher's Exact Test.

Results: Fifty-two antenatal weight management programmes implemented from January 2011 for women overweight and/or obese were identified (68%, n=52). Of those programmes that reported at least one positive outcome (n=24), the most common components of the programmes were discussion sessions on healthy eating (71%, n=17) and discussion sessions on physical activity (67%, n=16). Sixty-three per cent (n=15) of programmes used discussion sessions on gestational weight gain, healthy eating plans or written information on physical activity, gestational weight gain or healthy eating. Just over half of programmes were delivered in maternity units (54%, n=13) with 29% delivered in a community centre (n=7).

Conclusions: The findings provide insight into the most common components associated with positive outcomes that will inform the future development of antenatal weight management programmes.

Posters

Friday 8 April

Poster tour L

Nurse education

Leaving registration at: 13.10

Led by: Professor Pam Smith, University of Edinburgh, United Kingdom

Poster 50

(352) Speaking my patient;s language: Nurses perspective about provision of language concordant care to patients with limited English profeciency

Dr Parveen Ali, PhD, MScN, RN, RM, FHEA, University of Sheffield, Sheffield, UK

Abstract

Aim: The present study was conducted to explore current communication practices of bilingual nurses when caring for patients from a shared linguistic background and to identify barriers and facilitators to the provision of language concordant care.

Background: With an increase in the internal and external migration and mobility of people from/to different parts of the world, the likelihood of experiencing language barriers while providing and receiving care has augmented. Nurses are responsible for providing care to patients regardless of their culture, religion, ethnic background or language. Language barriers, however, are hurdles that hamper development of effective communication between nurses and patients. Eliminating language barriers is a crucial step to providing culturally competent and patient-centred care.

Methods: Fifty nine nurses, working in various acute NHS trust hospitals contributed to the study through 26 individual in-depth interviews and three focus group discussions. The data were analysed using thematic analysis. A documentary review of interpretation and translation policies of 30 acute NHS Trust was also undertaken.

Findings: Three themes: 'current situation and my perspective'; 'when we speak the same language'; and 'what helps of hinders' were identified. These themes describe participants' views about language concordant communication in clinical practice, its usefulness and impact on patients and nurses themselves. Factors that have an impact on nurses' ability to provide language concordant care include: individual factors such as confidence; years of

experience as a nurse; years of experience in the work setting; and relationship with colleagues. Other factors affecting nurses' ability to provide language concordant care included expectation of patients with LEP were attitudes of other patients; attitudes of nurse colleagues; attitudes of managers; organisational culture; and organisational policies.

Poster 51

(207) Nurse educators' understanding of education for sustainable development: A phenomenographic study

Rosetta West, London South Bank University, Havering Campus, Norfolk, UK

Abstract

Background: Education for Sustainable Development (ESD) is based on concept that human behaviour (individual or collective) and world resource usage directly affect and contribute to climate change which impacts health and well-being. A lack of explicit reference to utilise ESD in nurse education results in the absence of, transformative education practices to prepare and support students for current and future decision-making and practice.

Aim: This study aimed to develop a nurse education framework based on the understanding of nurse educators regarding ESD in relation to Nurse Education.

Method: A qualitative phenomenographic approach was used. Data collection used semi-structured interviews, transcribed verbatim from a cohort of 10 participants (8 female and 2 male senior lecturers) and analysed using a framework supported by Ornek (2008).

Results: A framework that comprised a referential aspect of relevance and structural aspects of responsibility, globalisation and professional leadership was developed. The framework illuminated how, ESD based on relevance, responsibility, globalization and professional leadership can be used to frame pedagogical approaches used for nurse education practice.

Discussion and Conclusion: At a local level the results demonstrated that an ESD informed curriculum can contribute to addressing real world nurse education aims and objectives, improve and guide institutional culture shift and departmental strategic needs and plans. On a wider level there are implications for policy, discussion, action and the need for explicit reference to ESD to address the need

for sustainability within nursing care provision, practice and ultimately, achievable and sustainable outcomes of patient care.

Education for sustainable development needs to be explicitly advocated by professional nursing bodies and implemented by nurse educators in the curriculum. The possible advantages of this approach can improve relevance of education and nursing practice within globally diverse communities and benefit patient safety.

Poster 52

(64) Collaboration between clinical and university staff in the preparation of children's nursing student for their first practice placement

Mary Brady, Kingston University, Kingston upon Thames, UK

Abstract

Introduction: The first practice placement for nursing students is of upmost importance, causing considerable anxiety (Brien, 2012) and is part way attributed to an increased risk of attrition during and after this experience (Melling, 2011). Providing students with adequate preparation for and support during placement is central to their learning and development, thus ensuring they are fit for professional practice and registration as a qualified nurse (NMC, 2010).

Aims: Taken from a study examining the preparation for and support of children's student nurses during their first practice placement, this paper explores existing preparation for this by both clinicians and lecturers.

Methods: Data were collected using focus groups (n=9) and the nominal group technique was adopted to build consensus around what activities were helpful in preparing and supporting students for practice and also to gain insight into future activities to prepare students in the future.

Results: Rankings from the focus groups suggested activities that were perceived as useful to students occurred at 2 time points those being prior to starting the placement and as well as during the placement. Activities ranked as important before the placement included researching and making contact with the practice area, planning travel arrangements as well as becoming acquainted with the practice documentation. Whilst on placement the initial introduction to the Trust and support from their

mentors, senior students and the interdisciplinary team were viewed as crucial.

Discussion and Conclusion: Preparing students for their first practice placement is recognised as a crucial time when the student is formally welcomed to the clinical area. Integral to this is collaborative working by both clinical and HEI staff. This paper offers some activities to prepare students for their first practice experience in the future.

Poster 53

(36) An hermeneutic phenomenological study exploring service improvement experiences for undergraduate adult nurses and in their post qualifying clinical practice

Lynn Craig, Northumbria University, Newcastle, UK

Abstract

Background: High quality, safe and effective health care is vital. Recently health care has experienced a significant growth and prioritisation of service improvement. Nurse's role in service improvement is fundamental. In order to contribute to this at a foundational level, nurses must be prepared within undergraduate education and also in post registration practice.

Aims: To explore service improvement through the lived experiences of undergraduate adult nurses, and later, as registered nurses.

Method: Hermeneutic phenomenology. 20 participants were purposively sampled, typifying the adult pre-registration nursing profile. Data collection was 2 in-depth semi structured interviews. Interview 1, 3rd year of their undergraduate adult nursing programme (January 2013). Interview 2, 12 months post registration (April 2014).

Results: 4 themes emerged. 1: Making sense of service improvement with subthemes of 'a personal construction of service improvement', 'linking theory to practice' and 'seeing a need for service improvement'. 2: Socialisation; a sense of Belonging, with subthemes of a desire to 'fit in', 'maintaining the status quo' and 'role transition'. 3: Power and powerlessness, with 'personal influence', 'fear of failure' and 'professional responsibility' as sub themes. Finally 4: Change theories in nursing practice, includes sub themes of 'facilitators and resistors to change', 'currency of staff', 'ritual and practice' and 'developing confidence to change'.

Conclusion: Three interlinked themes of self-efficacy, empowerment and resilience developed for participants as they underwent role transition from undergraduate nurses to registrants. This transition evidences social constructivism, where experiences and interactions have

impacted their knowledge acquisition, learning, development of role identify and adoption of the values of nursing. The complexity of service improvement in relation to the transition for undergraduate to registered nurses is demonstrated. The impact of barriers and facilitators of service improvement is seen to promote reflection and learning for participants as they transit through learning and professional development.

Poster 54

(227) Undergraduate nursing students' experiences with stress in Nigeria.

Dr Patience Edoho Samson-Akpan, RN, PhD, Associate Professor, University of Calabar, Calabar, Nigeria

Abstract

Background: Literature reveals increased stress during medical training (Esti, Radi & Youssri, 2013) including severe symptoms such as depression and acute anxiety (Dahlin, Joneborg & Runeson, 2005). There is however no study in Nigeria addressing stress experiences of undergraduate nursing students.

Aims of the study: To examine and explore the lived experiences with stress among undergraduate nursing students in the University of Calabar, Nigeria.

Methods: A mixed method (descriptive and Hermeneutic phenomenology) design with 63 Direct Entry students purposely selected because they were matured and might be more experienced in managing stress. The instrument for data collection was a modified tool from Inventory of College Students' Life Experiences (ICSRLE)(Kohn, Lafreniere & Gurevich, 1990). The instrument has an internal consistency of 0.79 (Cronbach coefficient) and a reliability correlation coefficient (r) = 0.77. The qualitative aspect used a focus group discussion involving 15 students out of the sample of 63. Qualitative data were coded and thematically analysed using the Hermeneutic circle, while quantitative data were descriptively analysed using SPSS version 20.0. Data collection (from 8th 19th September, 2015) Ethical approval was obtained from Cross River State Ministry of Health Ethical Committee.

Results: The mean age of participants was 34.79+7.10; females 54(85.7), year five 26(41.3%); never married 33(52.4%); 61(96.8%) were living off campus. The respondents 56 (88.9%) and 61(96.8%) said academic stress and interpersonal stress were very much part of their lives in the school. Emerged themes were 'the academic programme is hectic and stressful'; 'poor relationship of lecturers with students'; 'some lecture times are stressful'; 'the environment is not conducive for learning' etc. The coping strategies identified were balancing academics with recreation and avoidance.

Discussion/Conclusion: Majority of the participants experienced academic and interpersonal stress therefore; programme review/ orientation and regular interaction between the lecturers and students are advocated.

Key words: Stress experiences, Undergraduate nursing students

Poster tour M

Research Methods: Leaving registration at: 13.10

Led by: Professor Michael Traynor, Middlesex University, United Kingdom

Poster 55

(28) Using text mining in a qualitative systematic literature review of digital health engagement and recruitment - how to search and prioritise large datasets

Siobhan O'Connor, B.Sc., CIMA CBA, B.Sc., RN, Lecturer in Adult Nursing, School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, UK

Abstract

Introduction: The search for evidence in a qualitative systematic review must be transparent, reproducible and robust, while balancing the need for sensitivity and precision in terms of capturing relevant records. This can be complex depending on the breadth of the topic, the volume of publications and intricacies of the research question [1]. A systematic review on engagement and recruitment to person-centred digital health interventions was challenging given its wide focus on technologies used by the public, consumers and patients as well as the vast and diverse literature on eHealth and recruitment.

Aim: To explore the use of text mining techniques to search and prioritise the digital health literature for this review.

Methods: A handful of highly relevant papers identified through scoping searches were used to build an initial search strategy. This returned 147,734 records via PubMed which were loaded into text mining software (VOSViewer) to create heat maps that helped identify and prioritise relevant search terms. A second more comprehensive search protocol was then developed and tested in Medline to further refine the search strategy.

Results: A total of 85,423 records were retrieved from six online databases based on the final search protocol. Deduplication and the removal of studies related to clinical trials reduced the dataset to 57,367 records. These were loaded into text analysis software called GATE 8.0 and

three record prioritization rules based on gazetteers (lists of prioritized search terms relevant to the topic) were applied to the corpus of the texts and exported to Excel. A MIMIR index was used to store and query the processed documents which produced a final record of 1,423 results.

Discussion: Text mining technology can be used to discover and identify relevant concepts to build search strategies and to prioritise large volumes of literature [2].

Poster 56

(281) Challenges of recruitment into pragmatic Randomised Controlled Trial (RCT) in schizophrenia

Elwira Lubos, RMN, Non Medical Prescriber, Senior Research Nurse, Oxford Health Foundation NHS Trust, Oxford Cognitive Health Clinical Research Facility, Oxford, UK

Abstract

EULAST is a pragmatic, multicentre, international, randomised and open label study that compares established treatments of oral against long-acting injectable antipsychotic in treatment of Schizophrenia. Primary outcomes are all cause treatment discontinuation over 18 months. The study, opened in Oxford in August 2015, involving patients that are currently under follow up from the mental health team, who require medication changes due to lack of efficacy or poor tolerability of medication. To facilitate recruitment, community consultants have been signed up to the study as sub investigators, although with modest results to date.

Reflection on the difficulties identified a number of challenges: professionals preferences and consequent lack of equipoise in relation to treatment arms, have contributed to difficulties in readiness to randomise, as evidenced in the literature (Howard et al, 2009; Lloyd et al 20015) and complexities related to gaining permission to approach potential participants. Perceived vulnerability of patient and patients difficulty in making decisions about participation are often quoted as recruitment challenges in this population (Patterson et al, 2010; Howard, et al 2009; Lloyd et al 2005, Mason et al, 2007).

To address the challenges, Continuing Professional Development meetings with the sub investigators and Principal Investigator were set up, where current evidence on treatment in Schizophrenia is reviewed, as well as discussion regarding the trial, as suggested by Fletcher et al, 2013 and Townsend et al, 2015 who found that training and information may be helpful in increasing the confidence of recruiters in presenting study to participants. Inclusion of consultants that consented participants in a publication of systematic review that focuses on factors which influence recruitment to RCTs has been

proposed as a method to improve recruitment numbers.

As yet, it is too early to say whether this strategy has been successful in increasing participation in the trial.

Poster 57

(205) Not another questionnaire! Increasing return rates of postal surveys in Multiple Sclerosis (MS) research studies.

Karl Ward, PG Cert, BSc (Hons), Dip HE, Senior Research Nurse, Neurology Research Unit, Centre for Neurosciences, D Floor Martin Wing, Leeds General Infirmary, Leeds Teaching Hospitals NHS Trust, Leeds, UK

Abstract

Introduction: Postal questionnaires are commonly used in healthcare research to collect large data sets at low cost. However they are associated with low response rates which impact on the validity of the results. In a prospective longitudinal study investigating the impact of multiple sclerosis (MS) on employment, data collection was by postal questionnaire at baseline, 8, 18 and 28 months. Methods to improve retention, minimise attrition and increase the response rate were devised and used.

Methods: Three focus groups were held to identify themes associated with employment and MS. This informed the design of the questionnaire and length to ensure it was appropriate and not burdensome. The questionnaire was piloted outside the focus groups to assess face validity. During the study the following strategies were used to promote return of postal questionnaires:

Email: Participants were sent questionnaire reminders when due.

Newsletters: These included updates on questionnaire returns, useful contact numbers and any publications or scientific conferences attended by the team.

Celebrations: A non-denominational festive MS Society card was personally signed by the team and included updates on study progress

Flexibility: Some participants preferred completing the questionnaires face to face or over the telephone. The team therefore arranged to meet/telephone at convenient times for the participants.

Results: 221 participants were enrolled from the MS outpatient clinics at Leeds Teaching Hospitals. 56% of baseline questionnaires were returned in one week, rising to 77% after 2 weeks. Using email reminders the baseline response rate rose to 96%. Questionnaire return rate at month 8 was 57%, rising to 94% following email reminders. At month 18 the return rate was 92% following reminders.

Conclusions: The above methods facilitated very high response rates. Participants provided positive feedback about the regular contact with the research team and remained engaged throughout the study.

Poster 58

(261) A historical analysis of thirteen American Civil War nurses' autobiographies: history serving nursing identities.

María Victoria Navarta, Universidad de Navarra, Pamplona, Spain

Abstract

Introduction: The experience of dramatic events may excite personal retrospective reflection, and autobiographical stories that reinforce the collective conscience of a profession can be produced (Choperena, 2014: 257). Looking through the past facilitates the configuration of personal identity, because it provides self-sense and helps to construct oneself as a biographical being in the world (Llona, 2009: 379). The nursing profession needs to understand its history as a tool for the definition of an identity that can be used to grow and evolve within the discipline (Lewenson & Herrmann, 2007: 2). Knowing the past of nursing, through autobiographical accounts of its protagonists, can become a path for shaping identities.

Aim: To show, through the historical analysis of thirteen American Civil War nurses' autobiographies, the connection between the autobiographical gender, the history of nursing, as a tool of historical perception, and nursing identities strengthening.

Method: Thirteen American Civil War nurses' autobiographies were analyzed, using historical approach.

Conclusions: These autobiographies, understood as a source of historical knowledge, have an important component of self-knowledge as a result of its lived experience reflection. Analyzing these autobiographies not only becomes a way of conveying a reality from the subjective and personal point of view, but it helps to shape a collective identity, which has affected the development of the nursing profession.

Keywords: Autobiographies; Historical analysis; Nurses' identities.

Poster 59

(353) A mixed methodology review exploring the perspectives of Nurses transitioning to clinical research

Caitlin Thomas, RNCB, Clinical Research Sister, Wellcome Trust/Clinical Research Facility, Birmingham Children's hospital, Birmingham, UK

Abstract

A mixed methodology review exploring the perspectives of nurses transitioning to Clinical research.

The authors are nurses who have recently transitioned from various clinical backgrounds and felt the transition was challenging due to lack of prior knowledge and experience in this field. The researchers aimed to acknowledge the thoughts and feelings of other nurses who have transitioned into a research post, and identify any possible improvements to the induction programme. Authors devised, piloted and reviewed an anonymous qualitative and quantitative, self-report questionnaire. In October 2015, after seeking advice from the ethics committee, an opportunistic approach was used to formulate a questionnaire to be distributed to 15 nurses employed by a clinical research facility. 13 completed questionnaires were returned. Only 38% of the population reported the induction programme was sufficient. The main areas of insufficient training were identified as site file management, consent, assent, expenses, anaphylaxis, pharmacy and safety reporting. Qualitative data showed the transition could be improved by working directly with an experienced member of staff (62%), more structured induction programme (38%) and communication with the wider research team (23%). A combination of experienced and new research nurses identified improvements that could be made to the induction process.

In a previous study, Stephen's- Lloyd (2004) related to realities of CRN'S demonstrating lack of training, education, support and line management with CRN's describing their working environment as intimidating and isolating.

We feel that the transition could be improved by each member of staff taking responsibility for a specific area and developing a teaching package which could be delivered to new members of staff within the first few weeks of commencement of post.

Although some work has been done previously in this field, we feel that further research is required across more nurses in more research facilities.

Poster tour N

Patient experience/patient education

Leaving registration at: 13.10

Led by: Professor Daniel Kelly, Cardiff University, United Kingdom

Poster 60

(434) A qualitative formative evaluation of the PRASE intervention in collaboration with hospital volunteers

Dr Gemma Louch, PhD, Bradford Teaching Hospitals NHS Foundation Trust, Bradford, UK

Abstract

Background: Evidence suggests that patients can meaningfully feedback to health services about the safety of their care (Lawton et al, 2015). The PRASE (Patient Reporting and Action for a Safe Environment) intervention (Sheard et al, 2014) provides a way to systematically collect feedback from patients, and includes an iterative action planning cycle for hospital ward staff to make changes to services on the basis of this feedback. The PRASE intervention is being implemented in three NHS Trusts with patient feedback collected by hospital volunteers, with a parallel evaluation exploring effectiveness.

Aims: This paper presents formative evaluation findings from the pilot phase of implementation, which aimed to explore the feasibility and acceptability of PRASE in collaboration with hospital volunteers from the perspectives of key stakeholders.

Methods: A qualitative research design was adopted with data collected between July 2014 and November 2015. We conducted five focus groups with hospital volunteers (n = 18), interviews with ward staff (n = 4) and voluntary services and patient experience staff (n = 3), employing a framework analysis approach.

Results: Findings relating to issues with implementation will be presented. All stakeholders supported PRASE and felt hospital volunteers were well placed to facilitate the feedback collection. However, concerns were raised about the intensive resource required to implement PRASE on a larger scale. We will describe how key literature from the field of improvement science (e.g., Davidoff et al, 2015) has facilitated our evaluation approach (e.g., shared understanding of programme theory), and reflect on challenges faced when evaluating an improvement project.

Discussion and Conclusions: Although there are concerns regarding sustainability in practice, PRASE with hospital volunteers is a promising approach to capture the patient voice for service improvement. Volunteers may have an integral role in health services in the future, therefore our findings speak to this topic more broadly.

Poster 61

(315) Patients understanding of temperature monitoring and neutropenic sepsis

Clare Warnock, Weston Park Hospital, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

Abstract

Background: Neutropenic sepsis is a life-threatening complication of chemotherapy associated with an increased risk of infection and a reduced ability to fight it (de Naurois et al 2010). Fever is often the first sign of infection and self-monitoring of temperature and symptoms of infection by patients plays a role in the early detection of neutropenic sepsis (NICE 2012). Little is known about patient's understanding of temperature monitoring and its significance in detecting neutropenic sepsis.

Aim: To explore patients perceptions of the role of body temperature in detecting neutropenic sepsis

Methods: Semi-structured interviews were carried out with 21 patients who had received a minimum of one cycle of chemotherapy. Purposive sampling was used to obtain a range of chemotherapy experience including 14 participants had been previously treated for neutropenic sepsis. Interviews were carried out between July and October 2015 and analysed using framework analysis (Ritchie and Lewis 2014).

Results: All participants recalled receiving advice about the risk of neutropenic sepsis and the need to self-monitor. However, there was significant variation in their understanding of neutropenia, symptoms of sepsis, practice around temperature recording and triggers for seeking advice. Barriers and facilitators to temperature monitoring and taking appropriate action were identified. Family members were pivotal in achieving compliance.

Discussion: A gap was revealed between information given and participants understanding of, and compliance with, advice. Harmful consequences included lack of monitoring, delayed reporting and late presentation. Patients without immediate access to support from family and friends may be a high risk group.

Conclusion: By exploring patient's perspectives the study was able to identify barriers and facilitators to compliance with advice along with insights into why it is not always understood or followed. It provides the basis for service improvements that address these issues and meet the needs of patients receiving chemotherapy.

Poster 62

(62) Would a structured Research-Nurse led consultation improve patient adherence to oral investigational medicinal products (IMPs) in clinical research trials?

Claire Glendon, Bsc (hons) Adult Nursing, Clinical Research Nurse, Oncology & Haematology Clinical Trials (OHCT), Guys and St. Thomas' NHS Foundation Trust, London, London, UK

Abstract

Background: Patient non-adherence to oral anti-cancer drugs ranges from 16-100%, often depending on the complexity of the drug regimen¹. Four incidents were reported in the last year within our research department of non-adherence to IMPs directly related to inaccurate information provision or misunderstanding of information provided. We believe it is important to develop interventions to improve rates of adherence to oral IMP as non-adherence can significantly impact upon trial related outcomes and clinical outcomes²

Aims: To investigate if a research nurse-led consultation can improve research participant adherence to oral IMP.

Method: This pilot study was conducted in August 2015 within a clinical research department.

A semi-structured questionnaire was created to identify what information research nurses currently provide to research participants during oral IMP consultations. The questionnaires were distributed to all research nurses (n=10) within our research department.

A systematic literature review was conducted to identify how structured nurse-led IMP consultations could enhance research participants' adherence.

Results: The semi-structured questionnaires identified inconsistencies in the quality and the quantity of information provided to research participants.

Despite an extensive systematic literature search, no current literature was identified on the impact of a nurse-led IMP consultation on research participants' adherence.

Discussion: More research is required in this area. 20-25% of new anti-cancer drugs are expected to be in oral form³. With research participants becoming increasingly responsible for self-administration of oral IMPs without direct supervision of health-professionals, it is important that measures are implemented to promote adherence.

Conclusion: Based on this research project, a structured nurse-led IMP consultation should be piloted within our research department in an attempt to improve participants' adherence to

oral IMPs. Further research should be carried out to investigate the efficacy of this nurse-led IMP consultation on enhancing participants' adherence and the capacity of implementing structured consultations throughout NHS investigator sites.

Poster 63

(443) Perceptions of quality during routine cancer follow-up - the challenge of collecting meaningful data in modernising gynaecological cancer services.

Helen Manderville, RGN, BSc (Hons), PG Cert, Macmillan Clinical Project Nurse, Gateshead Health NHS Foundation Trust, Gateshead, UK

Abstract

This paper describes phase 1 of a service improvement project aiming to re-design aftercare for women following treatment for gynaecological cancer in the North of England. Nationally it is recognized that routine follow-up is not sustainable and is of little benefit to cancer patients (DH, 2013). The recent guidance recommends that the Macmillan Recovery Package is implemented across all cancer specialties (NHS, 2015).

Aim: To understand women's views and experience of the current follow-up model, what elements contribute to a quality consultation and also explore user views on an alternative model of aftercare.

Methodology: Data was collected by a semi-structured questionnaire (n=83) and seven focus groups (n=58). The questionnaire was analysed using Excel. Focus groups were tape recorded and transcribed using thematic content analysis. The aim of analysis was to triangulate the two data sets to gain further understanding of the phenomena of cancer follow-up.

Results: Prior to appointments 30% of respondents report anxiety however, after their appointment 77% report health and wellbeing needs are met during the visit but psychological (43%) and sexual concerns (18%) are less well addressed. This is reflected by comments from the focus group. Overall 97% of women found their appointment useful with 99% reporting satisfaction with their routine appointment. Despite a high level of satisfaction 50% felt the appointment could be improved by seeing the same person at every visit. This is echoed by comments from the focus group. In terms of an alternative model of aftercare 67% of women would be interested in supported self-management however focus group respondents voiced reservations about this. Our findings suggest there is little appetite for an alternative model of aftercare. Changing clinical practice is difficult when perceived satisfaction with the current model is high.

Poster 64

(23) Understanding the patient experience of a hospital discharge pathway

Professor Angela Mary Tod, PhD, MSc, MMedSci, BA(hons) RN, Professor Of Older People and Care, The University of Sheffield, Sheffield, UK

Abstract

Background: There are increased health, social care and financial motivations for preventing avoidable deterioration and maintaining independence at home following hospital discharge. Various integrated health and social care hospital discharge pathways and intermediate and home care services have been developed to meet these needs, prompted further by policy interventions (NHS E 2015) and new NICE Guidance on home care (NICE 2015).

Aims: To examine the patient experience of a hospital discharge pathway (HDP), and identify implications for integrated health and social care commissioning and provision.

Methods: 18 patients (16 female, 2 male) referred onto a HDP in a North of England NHS Trust were recruited between November 2014 and July 2015. In-depth semi-structured individual interviews were conducted within two weeks of referral and again at 3 months. Framework analysis techniques were used.

Results: The sample were old, vulnerable and frail. There were varied reasons for admission but the majority had experienced a fall. Key themes to explain their experience were: 'Not Knowing': Participants reported not being unsure regarding current or future services and had a lack of awareness of services available. Accessing information and services could be a matter of luck.

'Entitlement': Some participants didn't know they could ask for certain things and felt guilty about 'having' to ask.

Social connections: Social networks and connections helped clients understand and access services and advice. Loneliness and social isolation were prevalent. Having carers or other services at home provided much needed company and social interaction

Discussion: The study indicates how HDP services do not always work in an integrated way. Challenges are heightened for the socially isolated. This presentation highlights implications for service users and recommendations for practice.

Conclusions: These findings raise questions regarding integrated HDP services for the future if they are to promote health, autonomy and independence.

Poster tour P

Patient experience

Leaving registration at: 13.10

Led by: Dr Rachel Taylor, London South Bank University, United Kingdom

Poster 66

(129) A survey to examine whether generic patient reported outcome measures (PROMs) are effective in capturing the impact of pressure ulcers on quality of life?

Dr Simon Palfreyman, BSc RN MSc PhD, Assistant Professor, University of Alberta, Edmonton, Canada

Abstract

Background: Economic evaluations require the ability to evaluate the impact on quality of life. This can be achieved through the use of patient reported outcome measures (PROMs) which can be either generic or condition-specific.

Aim: To explore the psychometric performance of generic preference based PROMS (EQ-5D and SF-6D) in pressure ulceration.

Methods: Participants in both acute and community settings were identified via a database of those in receipt of pressure relieving equipment. A handheld tablet device was used in the acute setting to administer a survey and a postal survey conducted in the community setting. The survey questions consisted of generic PROMS (EQ-5D and SF-12), demographic, wound specific questions, and the Sheffield EQ-5D dignity bolt-on question. The psychometric validity of the PROMS were assessed in comparison to each other and clinical indicators using standard criteria. Linear regression was used to explore the impact of a range of variables (including demographic, presence of comorbidities, pressure ulcer grade) on EQ-5D and SF-6D utility score.

Results: A total of 525 patients were screened for inclusion in the acute setting and 130 questionnaires were sent to community participants. Responses were obtained from 273 patients in the acute and n=41 in the community setting. Both EQ-5D and SF-12 were able to significantly discriminate between groups based on the ulcer grade. Presence of a pressure ulcer and number of comorbidities were significant explanatory variables of EQ-5D and SF-6D score.

Conclusions: The range of diseases and comorbidities for which pressure ulcers may be a consequence could mean that a generic rather than a condition-specific PROM best capture the impact of pressure ulcers on quality of life. The study also highlighted that significant challenges exist to collecting data from this group of

patients related to poor clinical condition and mental capacity.

Poster 67

(77) Measuring compassionate care: Is it possible or desirable to distil into a single figure?

Dr Stephanie Tierney, PhD, Royal College of Nursing Research Institute, Warwick Medical School, University of Warwick, Coventry, UK

Abstract

Background: Compassion within nursing and health services has received increasing attention over recent years. Strategies to support compassionate care have started to be developed. How to measure their effectiveness is not clear.

Aims: As part of a study on the meaning of compassionate care for professionals working with patients with type 2 diabetes, we explored participants' views about measuring compassion.

Methods: A constructivist grounded theory (Charmaz, 2014) approach underpinned the research. Semi-structured interviews and focus groups were conducted between May-October 2015. Purposive and theoretical sampling was used to recruit a range of healthcare professionals; 36 took part in total. Analysis involved open and focused coding, developing memos that asked questions of the codes, and contrasting data with data and codes with codes.

Results: Measuring compassion was regarded as difficult due to its elusive, complex nature. Categories identified in the data included: Relying on informal indicators (this was the current way of evaluating compassion in practice); making the subjective objective (compassion's dynamic, multidimensional form could be difficult to reflect in a measure); distinguishing it from other concepts (narratives referred to compassion in terms of communication skills or connecting with patients, rather than an active response to suffering); incorporating external influences (it was acknowledged that compassionate care could be influenced by factors related to work conditions); putting it to use (measurement as a form of supportive feedback was accepted but there was concern it could be used as 'just another stick to beat people with').

Discussion: Difficulties associated with measuring compassionate care may be challenging when researching this concept; how will we assess if interventions aimed at compassion are effective? Attempts to measure compassion in practice should be employed wisely to avoid demotivating staff and treating them uncompassionately.

Conclusions: Findings suggest that measurement of compassionate care is a contentious and problematic endeavour.

Poster 68

(242) An exploration of the perception of parents/carers of how health plans communicate health needs to multiple caregivers.

Lucy Riggs, R.N.M.H. Msc Clinical Research Methods, City Health Care Partnership, CIC, Hull, UK

Abstract

An exploratory study of the perception of parents/carers of how health plans communicate health needs to multiple caregivers.

Background: Children with health needs may require care from multiple caregivers in addition to their family and friends, in a variety of settings. Health plans (used to communicate health needs) are written by a variety of health professionals to direct this care.

Aims: The aims of this study are to explore how health plans are used to communicate the health needs of children with additional health needs, perceived barriers and ideas for improving practice.

Methods: This is a small scale, qualitative, exploratory study involving a purposive sample of 16 parents, recruited via a parents' forum. Data was collected from three semi-structured, audio recorded focus group discussions during January - June 2015. Thematic analysis was used to analyse the data.

Results: Analysis of the data resulted in three inter-related themes; (i) Importance of knowing the child, (ii) Verbal information from parents, and (iii) Using written health plans. Parents also identified possible solutions, including improved use of information technology and personal held records.

Discussion: There is tension between the need to have clear, safe, written information for multiple caregivers and the need to share complex information that comes from knowing the child. Issues of health plans not being read or shared between professionals and caregivers raised frustration in parents who often feel the need to then verbally share and repeat information to all involved.

Conclusion: The study indicates that other than emergency plans, written health plans are not always in use and when they are in use, are reportedly not always read or shared appropriately. Parents remain positive about the use of health plans, sharing information, use of one plan for all and the possibilities for sharing that computer based health records/plans may bring.

Poster 70

(342) Communicating Genetic Research (GR) in complex neurological diseases

Concetta Brugaletta, MSc, Royal Free London NHS Foundation Trust, London, UK

Abstract

Background: In the last decade genomic technologies have become more readily available making pioneering research into the discovery of new disease related genes with a view to developing personalized treatment models more accessible. Challenges and ethical issues arise when information about hereditary risk is imparted with no conclusive answers yet available, causing anxiety and dilemmas for those participating.

Aims: There are no clear guidelines on how to better communicate GR to patients with complex neurodegenerative diseases. To influence future practice, we explored how taking part in a genetic research study was perceived by both patients, their families and health professionals working in front-line research with volunteers.

Methods: An exploratory study, using purposive sampling, semi-structured interviews, and qualitative thematic analysis.

Results: 20 interviews were conducted over seven months in 2015 with health care professionals, patients with neurodegenerative diseases and their families. Seven themes emerged from the data analysis, including the need to understand the research process better, how statistical information was often confused depending on its framing context, complex emotions such as guilt, fear and anxiety emerged around inheritance risk and that the clinical experience of people's disease could not be separated from expectations during the research process.

Discussion: There is a need to engage more with research participants, offering more occasion for education, discussion and exploration of counseling opportunities. In light of this, we are proposing to use the consent process to introduce more information about genetics, inheritance and the research process in a positive, reassuring way.

Conclusion: To improve future practice we propose a standardized level of staff training in genetic counseling which is available to participants at several times during the research process and PPI literature that uses info-graphics and accessible language styles.

Poster tour Q

Nursing, midwifery or support worker education

Leaving registration at: 13.10

Led by: Sarah Morey, Northumbria University, United Kingdom

Poster 71

(219) Developing a practice learning opportunity (PLO) in an experimental medicine clinical research setting: preparing nurse education to be research active.

Margaret Davenport, BSc Clinical Practice, St George's University Hospitals NHS Foundation Trust, London, UK

Abstract

Clinical research is an essential part of practice learning opportunities (PLO) within nurse education. (Evely, Hanson and Naylor, 2014). NHS England mandates that every patient has the opportunity to be involved in research (NHS England, 2013). Therefore, clinical research needs to be embedded in clinical practice; which requires more clinical staff to be research active, supporting and leading studies. However, research roles are often poorly understood and the profile of research needs to be raised. Research and evidence based practice is included in pre-registration nurse education, but a small body of evidence (Evely, Hanson and Naylor, 2014) and anecdotal accounts attest to PLO in clinical research as positive experiences for nursing students.

In response, the authors piloted a two week placement for twenty-one PG Dip RNs nursing students in a clinical research facility with an emphasis on experimental medicine research. The PLO included a bespoke GCP light session, experience of research in practice in a number of specialties and laboratory teaching.

Evaluation of the project was positive, and interest has been expressed by other local trusts. Additionally the authors have since built on the pilot success by hosting a variety of professionals from other international institutions looking to gain an insight into the experimental medicine research process in the UK.

Since the completion of the pilot, planning for ongoing PLOs has been developed through NHS England reviews like Shape of Caring (2015). This makes recommendations towards integration, developing greater decision-making skills and the routine application of research and innovation should be formalised within education. At the same time, a focus is emerging, in response to financial pressures, on retention of newly qualified nurses. These issues have been explored in relation to providing future local and

international research placements, and authors present discussion of findings within this poster.

Poster 73

(2) Applying team-based learning for nursing education

Dr Mei-Chun Lin, PhD, Cardinal Tien Junior College of Healthcare and Management, Taipei, Taiwan

Abstract

Team-based learning (TBL) is a dialectical learning strategy based on adult learning theory and a cooperative learning approach. It can also be a method to develop proactive learners and to enhance critical thinking skills, and team communication and cooperation. However, the nursing education literature suggests that both application of team-based learning application, and the practical learning process of effectiveness of TBL are still insufficient. The purpose of this 12 month study was to explore the effectiveness of team-based learning on learning outcomes in nursing education. Using a quasi-experimental study design, data were collected via self-structured questionnaires, recording of the intervention and student learning diaries. Non-random, purposive sampling method recruited 50 participants. Pre-test assessment focused on learning strategies in college nursing students, the intervention was undertaken, and post-test assessment concentrated on the changes in students' learning outcome.

The results showed statistically significant differences ($t = 7.03$, $p < 0.000$), that among the experimental group following the group-directed learning intervention. The three learning patterns are: learning strategies ($t = 5.57$, $p < 0.000$), learning attitude ($t = 6.56$, $p < 0.000$) and learning outcomes ($t = 6.36$, $p < 0.000$). These significant differences indicate that the team-based learning intervention effectively impacted upon nursing education. In this study, using scratch-off cards as one study tool for TBL, the Mann-Whitney U test was applied to compare differences between students using and not using these cards. Statistically significant differences in two items of the questionnaire were noted: 'I think the use of scratch-off cards helps me to participate on courses' ($Z = -1.98$, $p = 0.048$) and 'I think the scratch-off card helps me to review of content of the course' ($Z = -2.02$, $p = 0.043$).

In Conclusion, TBL helps students to learn to work with their peer that improves their ability to communicate effectively and collaboratively.

Poster 74

(163) Nurses' perceptions of continuing professional development across the agenda for change bands

Claire Smith, RN, NT, MSc Healthcare Education, PG Dip Intensive & High Dependency Nursing, PG cert Healthcare Law & Ethics, BA (hons) Nursing Studies (Adult), Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

Abstract

Continuing professional development (CPD) in nursing is a 'hot topic' thanks to the imminent arrival of revalidation creating an impetus to explore the efficiency driven context into which revalidation will be plunged.

This study is based in a Constructivist Paradigm and has used a grounded theory methodology to explore nurses' perceptions of CPD across the Agenda for Change (AFC) Bands. 26 RNs across Bands 5-7 attended 7 corresponding focus groups.

Key similarities across the AFC Bands were; the challenges of managing resources, accessing learning, permission & need to undertake CPD and personal & professional barriers. The key differences were in the strategies & consequences described by the participants. Band 7 Ward Managers, Specialist and Newly Qualified nurses relied on others to support CPD and used reminiscence to cope. Experienced Band 5 & 6 nurses sought respite from the challenges involved and this created an undercurrent of guilt, frustration, reactive learning and difficulty translating knowledge into action, which varied across the AFC Bands.

The study concluded that without altering the context within which CPD is delivered, any other interventions would only manage the symptoms of poor engagement in or usefulness of CPD.

The recommendations for practice are to improve working processes, to release resources and to improve the current conditions of ward based working. Without this, revalidation risks becoming another 'tick-box' exercise and failing the same way that Post Registration Education and Practice (PREP) did. There should be new ways of calculating study allowances rather than in terms of percentages of the nursing establishment. Equally, frontline nurses should be encouraged and supported to direct their own CPD needs - deciding subjects and influencing assessments.

This study has implications not only for local practice but also for the wider professional-political sphere of nursing and the successful integration of revalidation.

Poster 75

(298) A qualitative exploration of the effectiveness of interdisciplinary simulated learning: toward the development of a curriculum with embedded interdisciplinary learning in the acquisition of clinical skills, decision making and team working

Dr Jennifer Tocher, PhD, BSc, RGN, University of Edinburgh, Nursing Studies

School of Health in Social Science, Edinburgh, UK

Abstract

Introduction: The Undergraduate programmes of Medicine and Nursing at the University of Edinburgh are currently participating in an innovative, interdisciplinary teaching approach involving the use of medium fidelity simulation. The programme involves several elements of 'cutting edge' learning and teaching such as 'real time' experiential learning, team work, feed forward and debriefing techniques. Crucially the innovative approach involves full student engagement in their learning experience around a deteriorating patient simulation. This method of has been shown to enhance learning (Reece et al 2010). Our multidisciplinary, collaborative team has evaluated this innovation and is currently embedding this initiative across the two programmes of Bachelor of Nursing and MBcHB.

Aims: To evaluate this initiative through both student and staff eyes and assess its impact on perceived clinical competence and confidence in the group of undergraduate medical and nursing students.

Objectives: 1. To prepare students for professional interdisciplinary working. 2. To use experiential learning as an approach to achieve knowledge, skills and effective decision making. 3. To foster direct research-teaching links within Nursing Studies and Medicine (Nango et al 2010).

Method: Focus groups were used to evaluate the student and staff experience of participating in this learning environment. Data were then analysed using an emergent theme framework.

Results: Twelve focus groups of between 6-8 participants were conducted. Experiencing interdisciplinary learning using 'safe' scenario based settings allowed both competence and confidence attainment to be identified resulting in better patient care skills, decision making and team working.

Conclusions: This project has emphasised the 'beauty' and complexity of interdisciplinary working from an early career stage, with great benefit being seen from both staff and student perspectives. We are keen to develop this on a

larger reciprocal scale. Students can learn so much about each other's professions by walking in the other's shoes.



Royal College of Nursing,
20 Cavendish Square,
London W1G 0RN
Tel: 0345 772 6100
Website: www.rcn.org.uk